THE
CANADIAN NURSE
A Monthly Journal for the Nursing Profession in Canada

Editor and Business Manager.....MISS HELEN RANDAL, R.N.

VOL. XV. VANCOUVER, B.C., OCTOBER, 1919 No. 10

OFFICERS OF THE CANADIAN NATIONAL ASSOCIATION OF TRAINED NURSES, 1919-1920

President.....MISS JEAN GUNN
The General Hospital, Toronto, Ont.

First Vice-President.....MISS E. MacP. DICKSON
Weston, Ont.

Second Vice-President.....MISS MABEL GRAY, R.N.
Winnipeg, Man.

Treasurer.....MISS KATHERINE DAVIDSON
131 Crescent Street, Montreal, Que.

Secretary.....MISS E. I. JOHNS, R.N.
Children's Hospital, Winnipeg, Man.

Councillors—British Columbia: Miss Jessie MacKenzie, R.N., Miss Helen Randal, R.N.; Alberta: Miss Winslow, R.N., Mrs. Manson, R.N.; Saskatchewan: Miss Jean Browne, R.N., Miss Granger Campbell, R.N.; Manitoba: Miss Gilroy, R.N., Miss C. Macleod, R.N.; Ontario: Miss Potts, Miss Fairle; Quebec: Miss Strumm, Miss Hersey; New Brunswick: Miss Richards, R.N., Miss Dunlop, R.N.; Nova Scotia: Miss Pickels, Mrs. Bligh; Prince Edward Island: ——

School Hygiene in Saskatchewan

By JEAN E. BROWNE, Reg. N.

Director School Hygiene, Saskatchewan

(Read at C.N.A.T.N. Convention, Vancouver, B.C., July, 1919)

It would seem almost unnecessary for me to state to this audience that a great popular health movement is sweeping over this continent, and that we are now on the crest of the wave in Canada. You are all familiar with the notable utterances of Lloyd George and President Wilson in this connection. It is significant to note the efforts being made by the Canadian Red Cross Society to get its charter amended in order to allow of its activities being continued in times of peace. Perhaps I may be pardoned for alluding to the fact that this resolution was moved by Sir Richard Lake and Mr. D. C. McDonald, of Saskatchewan. The man on the street, who, a few years ago, did not bother his head about vital statistics, is now becoming alarmed over the fact that we are losing annually about 10,000 Canadian citizens through tuberculosis alone, and he has been startled to hear that such a large percentage of those volunteering for service in the first year of the war were rejected on account of physical unfitness.

Now that this popular health sentiment has been roused, how can it be crystallized? Louis W. Rapeer, Professor of Education in the

MEDICAL FACULTY
McGILL
UNIVERSITY

EDITOR, C. M. A. J.

University of Pennsylvania, gives us the answer. He says: "The public school system stands out easily as the greatest instrument possessed by the civilized world for the promotion of public health. The reason is obvious. The cause of the high death rate and the prevalence of ill-health is ignorance. Ignorance is the cause and education is the remedy. There is no other agency which can reach all the people except the great public school system.

"The most vital point in any health programme is health education; in other words, the teaching of right health habits. In our elementary schools we have children during the most impressionable period of their lives. It is then that either the good or bad health habits of a life-time are formed. No matter how excellent health laws may be on the Statute books, you cannot legislate desirable habits of living into grown men and women. As Plato says: 'Then are you aware that in every work the beginning is the most important part, especially in dealing with anything young and tender, for that is the time when any impression which one may desire to communicate is most readily stamped and taken.'"

Since the central aim of a Provincial School Hygiene Department must always be health education, our first concern must be in connection with courses of study. I might say that last year hygiene was made a compulsory subject in Saskatchewan, from Grade 1 right up to the middle form of the secondary schools. A great effort has been made to guard against the danger of the formal teaching of physiology to the exclusion of hygiene. It seems to me that the only way in which this can be accomplished is in getting the teaching profession to grasp the fundamental principle underlying all this work—that is, that the child is an entity, and that there is no sharp line of demarcation between mind and body.

In dealing with children, one must be consistent. It is worse than folly to attempt to teach health habits in a school that breaks all the laws of hygiene. Consequently, our first and most pressing concern is to put right the hygienic conditions of our schools. In order to get definite information along this line two years ago a questionnaire was sent out from the School Hygiene Branch of the Department of Education and the replies were tabulated. Permit me to read extracts from the bulletin:

Lighting

There were 1,943 replies on the method of lighting class-rooms, 69 or 4 per cent. report lighting from one side only; 549 or 28 per cent. report windows on one side and rear; 1,000 or 51 per cent. report windows on opposite sides and 325 or 17 per cent. report windows on three sides. In regard to the amount of glass surface in the class-rooms, 271 or 15 per cent. have less than one-tenth floor space, 690 or 37 per cent. have less than one-sixth to one-tenth, and only 890 or 48 per cent. have one-sixth floor space or more. These figures reveal very bad conditions

relative to the architecture of rural schools. When, in addition to this, we find that only 93 per cent. of schools replying have window-blinds and that 80 per cent. of these are opaque, thus shutting out more light, and that in 82 per cent. of the schools heard from the color of the walls is unsuitable, we begin to realize what an unnecessary strain is being imposed on the eyesight of the boys and girls of this province. The kind and condition of blackboards undoubtedly affects the eyesight of pupils. It has not been possible to get accurate information regarding the condition of blackboards, but the replies show 16 per cent. are painted plaster, wood or cardboard, that 80 per cent. are hyloplate, and only 4 per cent. are slate.

Good Lighting Conditions for a Class-Room

1—Main light supply coming from either east or west and always coming from the left side of pupils.

2—Window space equal to from one-sixth to one-fourth of floor space.

3—Windows massed on one side, and as near the rear of the side as possible. Mullions should be as narrow as safety of construction will permit.

4—Windows should run up to within six inches of the ceiling, and in higher grades the bottom of the window should be four feet from the floor.

5—A light buff is the most suitable color for tinting the walls.

6—Blackboards should be of the best material and should never present a shiny or chipped surface.

7—Window blinds should be translucent and so made that they can be adjusted to any part of the window without obstructing the rest of it.

Desks and Seats

Two thousand and thirty-four replies were sent regarding school desks; 699 or 35 per cent. reported single desks, and of these only 211 were adjustable, *i.e.*, 10 per cent. of the total number. The low percentage of adjustable desks and seats seems doubly regrettable in view of the fact that so much of this equipment is new. It is not only because we occasionally hear of a case of lateral curvature of the spine resulting, or said to result, from improper seating at school, but also because of the actual pain to the little tots whose feet never touch the floor, and the discomfort and very faulty postures induced in the big boys and girls who must constantly stoop over their desks, that desks should be made to conform to the requirements of the child. Unfortunately, most of the school desks at present on the market are too nearly flat. In the opinion of the writer, they would be more suitable if made at an angle approaching 45 degrees to the floor.

Heating and Ventilating

The heating and ventilating of schools are so closely related that it is impossible to really separate one from the other. No system of heating should be considered for a school-house that does not contemplate adequate ventilation. Two thousand and fifty-three replies were received regarding the method of heating; 46 per cent. of these report using a common stove, 34 per cent. a jacketed stove and 20 per cent. a furnace, while five schools were heated by steam. Many of the schools reporting common stoves are those which have been open only during the summer, so that in these cases ventilation by means of windows only is fairly adequate.

Seven hundred and seventy-five or 37 per cent. of the teachers replying state that they have no thermometer. Since the proper temperature of a class-room is of so much importance to the health and comfort of the pupils, this is a matter which should not be left for a teacher to guess at. Every school should be provided with a thermometer, and a temperature of about 68 degrees maintained. In the schools where there is a thermometer only 87 per cent. of the teachers maintain a suitable temperature. Several report 70 to 80 degrees, and one reported 75 to 90 degrees, and in almost every instance where such a high temperature was maintained there was no attempt made to raise the relative humidity of the air. This means that the pupils in these schools are suffering from parched mucous membranes of the eyes, nose, throat and lungs. In 46 per cent. of the schools heard from there is no provision made for evaporation. Two hundred and ninety-six schools report 1 gallon of water or under liberated in one day, while 287 report over 1 gallon per day.

Water Supply

The replies regarding the water supply reveal some very interesting information. In 212 schools from which reports were received there was no supply at all. 39 per cent. report a well on the school grounds and 33 per cent. get their water from a neighbor's well or the town or the village well; 23 schools are supplied from a spring in the neighborhood; 16 use melted ice; 18 use creek or river water; 36 use water from a cistern, and in 314 schools the children bring their supply of drinking water from home. In the latter case tea and coffee are often substituted for water. These beverages should never be given a place in the diet of growing children. Where this usage prevails there is no water for washing purposes. In other words, the children in at least 27 per cent. of the schools have no opportunity of washing their hands at school; hence, one of the greatest preventive measures relative to public health is being ignored in our schools. The reports also show that in 5[illegible] per cent. of the schools the common drinking cup is used. This practice, besides being a violation of the law, is a distinct menace to the health of the pupils.

If at all possible, each school should have an adequate supply of water on the premises. The driven well seems to be the best solution of

this problem. Since surface water is shut off, it can be kept free from pollution. Being deep, there is much less likelihood of the water being alkaline. It has a great advantage over the surface well, in that the water does not collect and become stagnant if not regularly pumped out. In a few schools, the cistern with a charcoal and sand filter is being used. This is still in the experimental stage, but it may prove to be very useful.

The sanitary drinking fountain, if care is taken of it, is the best method of supplying water to pupils. If this cannot be obtained, a covered tank with a tap at the bottom should be used, and individual cups should be supplied. Under no circumstances should the open pail and the common cup be tolerated.

Sweeping and Dusting

In 43 per cent. of the schools replying, janitor service is furnished; in the other 57 per cent. the teachers or pupils do it. Unfortunately, dry sweeping still obtains in 81 per cent. of the schools heard from, and dry dusting in 66 per cent. It is to be earnestly desired that in the very near future this most unsanitary method of sweeping will be superseded by the use of dustless brush brooms (furnished with a small automatic oil tank) or some dust-gathering material used with the ordinary brooms, and that all dusting will be done with a dust-cloth soaked in some kind of oil.

Scrubbing

Only 1 per cent. of the replies indicate that the floors are maintained in a condition approximating that of a clean home. Seven per cent. are scrubbed once in two weeks, 31 per cent. once a month, 36 per cent. twice a year and 9 per cent. once a year or less frequently, and 16 per cent. are never scrubbed. Some teachers seem to be under the misapprehension that oiling a floor is a substitute for scrubbing it. Oiling does not remove dirt; on the contrary, it holds dirt. No objection can be made to oiling it, if the floor is also scrubbed once a week; but the tendency is to omit scrubbing when oil is used.

Toilets

In regard to toilets, provision has been made in every instance for separate toilets for boys and girls. However, only 10 per cent. of these are of a sanitary type and only half of these are maintained in a sanitary condition. In 531 schools the seats of the toilets are scrubbed once a week or more frequently, and in 241 schools they are screened against flies. The deduction that we are forced to draw from these findings is that most of the outhouses in rural schools are not only unclean, but they are a menace to good health and decent morals.

One hundred and eighty-seven schools report having the removable pail system. This type may be used either indoors or out-of-doors, as there are ventilating pipes attached. To be kept in really sanitary condition the pails should be emptied every day, but not less frequently than once a week. The contents should be emptied in a very shallow

pit and then covered lightly with soil, at a considerable distance (at least 100 feet) from the school and from any dwelling place, preferably away from the school premises altogether. Twenty schools reported having a cement-lined vault in the outhouses. If a quantity of dry earth is kept in the outhouse and a shovelful thrown in after the toilet is used, this kind of toilet may be kept wholesome. These vaults are water-tight, and, if cleaned out once a month, may be kept in very satisfactory condition. It has been urged that offensive odors in outhouses are not necessarily injurious to health, as the only way in which an unsanitary outhouse may become a menace is by polluting a water supply. But, on the other hand, we must consider the indirect results. The repulsive toilet is shunned by a child with decent sensibilities, and, as a result, the habit of constipation is formed. This induces not only physical but also mental torpor. Quite recently, the writer learned that most girls from rural communities attending one of the colleges of this province were suffering from constipation. School boards should always see to it that a sufficient supply of toilet-paper is kept in a suitable receptacle in the toilet.

So important was this question considered in the United States that a Committee on Rural School Sanitation, appointed by the Bureau of Education, Washington, June, 1916, brought in the following report:

"It is felt that insistence upon the construction of sanitary privies for use at rural schools, with due attention to their up-keep, will probably do more to impress the rising generation with the importance of observing hygienic law than any other measure which may be employed for that purpose in connection with school life."

In regarding this survey as a whole, we find that it offers immense opportunities for improvement. On the other hand, it compares very favorably with the conditions as revealed by surveys which have been conducted in the United States. It is altogether probable that it would compare not unfavorably at least with conditions in other provinces in Canada; but, to the writer's knowledge, no such survey has been conducted elsewhere in the Dominion. It is significant to note that some of the best reports relating to the sweeping and scrubbing of class-rooms and cleanliness of toilets have come from the so-called "foreign" schools. The summarized results presented in the accompanying table will perhaps give a more complete idea of actual conditions than can be obtained from the condensed account given above.

One of the chief duties, then, of school nurses in Saskatchewan is to make a detailed report of the hygienic conditions of schools, and to make suggestions to school boards for necessary improvements.

In all schools we have to face the problem of the child who is handicapped on account of some physical defect. As health education and preventive measures become better established in our schools, the percentage of physically defective children will gradually diminish. At the present time we find, in Saskatchewan, that approximately 78 per

cent. of our school children are suffering from physical defects which may be remedied. Permit me to give you the results of the work of the first two rural school nurses of the Provincial School Hygiene staff. This is a report of their work from July 1, 1918, to December 31, 1918; but since the schools were closed, about the middle of October, owing to the epidemic, it really represents only about three and one-half months' work.

YEARLY REPORT, 1918

July 1st, 1918—December 31st, 1918

	Inspectorate.
No. of schools visited	221
No. of pupils inspected	3855
No. of pupils with no defect found	868
No. of pupils with defective vision	397
No. of pupils with defective hearing	102
No. of pupils with adenoids	454
No. of pupils with enlarged or diseased tonsils	1030
No. of pupils with carious teeth	1489
Permanent molars lost	364
Permanent molars decaying	1925
Temporary teeth requiring dental attention	2482
Marked malocculsion	53
Visits to homes	75
Meetings addressed	7
School fairs attended	6
Influenza cases visited	161
SPECIAL CASES:	
Pulmonary tuberculosis	10
Tuberculosis, hip	3
Tuberculosis, knee	1
Enlarged cervical glands	4
Heart lesions	2
Rheumatic cases	2
Diseased gums	9
Malnutrition	5
Orthopedic defect	24
Deformity, following infantile paralysis	3
Stammering	2
Cleft palate	4
Discharging ear	2
Eczema	1
Goitre	20
Mentally deficient	6
Ringworm	3
Pediculosis	83
Suspected trachoma	40

In reviewing the history of health inspection of schools in other countries, we find that it was first of all introduced for the purpose of limiting the spread of contagious diseases. It has been my experience that school nurses cannot deal with this matter directly to any great extent. In order to do this work in a direct way thoroughly, there would have to be a school nurse standing guard constantly in each class-room. That, of course, is neither possible nor desirable. We must remember that teachers are an intelligent and responsible class of people. Why not, then, make use of their observations? Young teachers, of course, must have pointed out to them the premonitory signs of the common contagious diseases, and it should be a recognized part of their duties to report these signs immediately by telephone to the school nurse. Usually, a child with suspicious symptoms can be segregated until the school nurse can get to the school to take charge of the case. Of course, if we have a proper system of health education, the children themselves will recognize the symptoms. In Saskatchewan the common contagious diseases are taught in Grade VIII. and in the first-year work of the secondary schools, so that we are beginning to get self-constituted health corps among the older boys and girls.

I presume that, in every city where there is a system of health inspection, the school nurses have more or less well-equipped offices where the ordinary minor dressings are done and where skin diseases receive attention. In connection with the treatment of skin diseases we get very direct and tangible results. Before the advent of the school nurse, children suffering from skin diseases were simply excluded from school, and in many cases they ran the streets and no attempt was made to treat them. This was found to be the cause of a considerable number of cases of juvenile delinquency. This is not possible under a well-organized system of school hygiene.

In regard to the administration of health work in the schools of Saskatchewan, we differ somewhat from our sister provinces in that this work is undertaken by the Department of Education as a part of the work naturally belonging to it. This was pretty carefully thought out along the line of psychological and pedagogical principles before the School Hygiene branch was established. The basic idea underlying this form of administration is the fact that mental and physical development must go hand in hand, and that this development is the real meaning of education.

Another distinctive feature of school hygiene in Saskatchewan is that this work of health inspection is being conducted by specially-trained nurses. Permit me to read to you a part of the report of the educational survey of Saskatchewan made by Dr. Harold W. Foght, who was loaned by the Government of the U. S. A. to the Government of Saskatchewan for the purpose of making this survey:

"Systematic health instruction in the schools will work great changes in rural districts, particularly, as soon as the teachers have re-

ceived adequate preparation to give health instruction. Every rural teacher should assuredly be able to discover, by their outward signs, the common contagious diseases. He should be able to detect the ordinary remediable defects in the pupils under his care, as, for example, diseased tonsils, adenoids, deafness, and incorrect vision.

"But the teacher cannot be charged with conserving the health of the whole country-side; as a matter of fact, he will need both assistance and professional backing to succeed in eradicating preventable disease and physical defects from the class-room, not to mention the home. The teacher should have the assistance of a regularly employed medical practitioner as health inspector or of a trained school nurse, preferably the latter.

"There is serious objection to employing regular practitioners, because the scheme of health inspection involves not alone medical knowledge and experience, but also pedagogical training. It is often difficult for a practitioner to have sufficient appreciation of the conditions under which teachers labor, and the required patience and sympathy, to accomplish the most with the children and parents. More successful has been the trained school nurse, 'who can act as an intermediary between the physician and the school on the one hand, and the school and the home on the other.'"

The school nurse has already become indispensable in the best city systems. The school nurse discovers and reports cases for medical treatment. She does more. She follows up these cases and comes in contact with the homes, and administers both relief and advice. In Regina, as an illustration, the school nurses have worked out a most satisfactory health programme, which, after a period of doubt and askance, has been accepted by the local practitioners as highly satisfactory. School nurses in rural districts are of more recent acquisition. In eight or nine American states they are being introduced in increasing numbers. One need go no further than North Dakota. The first rural school nurse in the state began work in 1914. Now there are 42, all told, either in service or authorized.

The school nurse in Saskatchewan would fit in admirably as a link in the reorganized municipal school district. The nurse could have charge of the group of schools within a given municipality, and in sparsely-settled regions she might even have two or more municipalities. This kind of health work should receive permissive legislation. It would be unwise to go beyond this. If health education can be obtained without compulsion, it is in keeping with established democratic ideals. The Government would be wise to grant liberal aid to the first few municipalities in each inspectorate who engage school nurses.

Since seventy-five per cent. of the school children in Saskatchewan attend rural schools, our school hygiene problem is decidedly a rural one. If the Government sees fit to carry out Dr. Foght's recommendation in regard to reorganizing the province into municipal units of

school administration, then the problem of health work can be solved by each of these municipal school boards engaging the services of a specially trained school nurse. The average municipality has about twenty schools, and a nurse could do work in them somewhat similar to what has been conducted in the cities for the last eight years. However, even if this legislation were enacted, it would take perhaps some years to complete the new organization. In the meantime, the Minister of Education is making additions to the school hygiene staff. The field of work for each of these nurses is an inspectorate. In fine weather she goes to the rural schools with the school inspector, and in winter inspects the schools along the railway lines. One cannot expect intensive work since there are approximately one hundred schools in each inspectorate, and the distances are great. Nevertheless, the results have far exceeded our expectations, owing to the fact, I believe, that the rural population of Saskatchewan is anxious for this service.

Permit me to say just a word along the line of proposed extension of this work. Beginning next September, the Normal School term in Saskatchewan will be lengthened to eight months. It is probable that a school nurse will be appointed on the staff of the Regina and Saskatoon Normal schools. The experiment was made last winter, and the need for a permanent appointment was amply exemplified. The duties of such a position will include a lecture course in hygiene, a course in physical training, the care of the hygienic conditions of the Normal School, examination of the students for physical defects, and the general supervision of the health of the students. This summer, for the first time, a course in health education is being introduced at the Summer School for Teachers in connection with the University. It will include school hygiene and physical training. As soon as possible, our school nurses will have to become competent to teach physical training in conjunction with their other duties, since physical training is essentially an integral part of health work.

The President of the Association of Military Surgeons of the United States has extended a very cordial invitation to the officers of the Medical Service of the Canadian Forces to attend the annual meeting of the association which will be held in St. Louis, Mo., from the 13th to the 15th of October next. The assembly rooms for the meeting will be at the Hotel Statler in that city.

The Director-General of Medical Services will be glad if medical officers on the reserve of officers, C. E.F., who can do so, will take advantage of this kind invitation. Those desiring to attend the meetings in uniform will receive the necessary authority on application to district headquarters. Yours very truly,

J. T. F. FOTHERINGHAM,
Major-General,
Director-General of Medical Services.

The University of Alberta and the Training Schools of the Province

By CHRISTINE SMITH, R.N.

(Read at the Joint Meeting of the C.N.A.T.N. and C.A.N.E., Vancouver, B.C., July, 1919)

I am glad to have the opportunity of telling this convention something of the work the University of Alberta is doing along the lines of nursing education.

The Alberta Association of Graduate Nurses was organized under a Provincial Act on April 19th, 1916. Although an attempt was made at that time to standardize the examinations by placing them under the control of the Senate of the University, this was not done; but they were placed by the Legislature under the control of the Provincial Department of Education. At the last session of the Legislature, however, April 17th, 1919, this section of the original Act was amended, and, as the matter now stands, all examinations shall be prescribed by the Senate of the University, and shall be conducted by a board of examiners appointed by the Senate.

At the recent session of the Legislature the Hon. A. G. MacKay, Minister of Health, introduced an Act called the Public Health Nurses' Act. This Act provides for a special course of study, under the Senate of the University, for public health nurses. The course includes hygiene and sanitation, bacteriology, public health; examination of the eye, ear, nose, throat and teeth; infant welfare, pre-natal and post-natal care, communicable diseases, and the principles and methods of preventive medicine. Our eight newly-appointed public health nurses have just completed this course of studies, and, in addition to those subjects already mentioned, Prof. Berry, of the University staff, gave them a series of twelve lectures in psychology, dealing with the problem of the mental defective.

Miss Patrick, Professor of Household Science, gave one week's lectures in food values, caloric portions, and school lunches. They were also given two weeks' training under Dr. Dunn, Medical Inspector of Schools for the City of Edmonton, with the privilege of personally examining the children under his supervision. Hon. Mr. MacKay gave them some instruction in the various Acts of the Province, namely, the Public Health Act, the Public Health Nurses Act, and the Municipal Hospitals Act. I think every public health nurse ought to be thoroughly posted, not only in provincial legislation, but in Federal laws as well.

Following this course of studies, the nurses were given examinations on all the work covered.

The Minister set one paper on the various Acts, and expressed himself as delighted with the intelligence displayed by the nurses.

Before leaving Edmonton, I discussed with Dean Kerr (Acting President of the University) the possibility of the establishing of a Chair of Nursing in the near future. The attitude of the Hon. G. P. Smith, Minister of Education, is most favorable toward this proposal, and I also found Dean Kerr very much interested and very optimistic; and so, with the united interest of the Minister of Education and the President of the University, our course seems very clear.

In Alberta we have created the demand for a Chair of Nursing through our Municipal Hospital scheme and our Public Health Nursing organization. The demand for competent nurses, for teaching and executive positions, far exceeds the supply. Every nurse who assumes the responsibility of the management of an hospital in a small town should have a special training in anaesthesia and maternity; she should have a knowledge of household science, because she is invariably the housekeeper as well as the superintendent; and she should have some executive training. The need for specially trained nurses for executive and teaching positions was brought home to me very forcibly last spring when we were arranging our course of studies for our newly-appointed public health nurses. Although I communicated with many heads of departments in many centres in Canada and the United States, all efforts failed to secure even one application. I was fortunate, however, in securing the services of Mrs. Barbara H. Bartlett, Professor of Nursing in the University of Washington, Seattle, to come to Edmonton to give one week's lectures on child welfare, pre-natal and post-natal care, and the general principles of public health nursing, survey work, records and reports, etc. She lectured from four to five hours a day, and the undertaking proved a great success. This tided us over an emergency; and I am hoping, before any more appointments are made, to secure someone qualified to undertake this phase of the work.

Printzess MEANS DISTINCTIVE
DISTINCTION in Dress
COATS AND SUITS
FOR WOMEN AND MISSES
This label on your coat or suit is an assurance of expert workmanship, and a fit and style that is perfect.
SUITS AT $77.50 TO $100.00
COATS AT $59.50 TO $125.00
CHILDREN'S APPAREL MILLINERY MUNSING UNDERWEAR HOSIERY GLOVES
MORE & WILSON, LIMITED
Quality at Popular Prices
556 GRANVILLE STREET

The Standardization of Training Schools in British Columbia

By HELEN RANDAL, R. N.

Registrar Graduate Nurses' Association of B. C.

In selecting the title for my paper, I have taken up a much hackneyed and overworked word, which, with reconstruction, is one of the words of the day. Nurses' associations, both provincial and national, have for many years considered the standardization of the training schools; but I feel that they have gone about it in perhaps a roundabout way, and that it would be better to bring this to the attention of the hospital associations, as in that way we shall interest the hospital boards in a matter in which they should have the greatest interest.

The glib way in which people refer to standardization of training schools, as they might to the standardization of sterilizers or other parts of hospital equipment, shows that they do not realize the tremendous difference there is between the needs of a hospital of one thousand beds and that of from fifteen to twenty. In order to explain fully why the need of standardization comes before us at this time, we must go back to the old idea of the origin of hospitals. This word was used in the term "hostel," or "home," covering shelter for patients, and the hospitals in this Province, as in all parts of Canada, have practically arrived from that original idea. The small town would feel the need of having a place for sick patients to be taken care of, and the most interested people in the vicinity would choose some site, generally some place that was already built, and arrange as best they could for the accommodation of the sick of that town. This in many cases formed nothing but a shelter for patients, the modern hospital idea hardly coming into play at all. The training school evolved itself from the fact that the patients required care. The consultation of the powers that be thought graduate nurses were out of the question, owing to expense of salaries, even if they might be obtained in numbers sufficient to take care of the patients, and the training school was started. One can easily see how, with limited finances and the need staring them in the face, that this condition should arise; but we have no right to feel that we may leave this condition as it now exists. In order to judge fairly of conditions, one must be able to look at the point of view of the patient, the hospital authorities, and last, but not least, the pupil nurse.

When we come to hospital standardization, as far as the building is concerned, that was taken up very fully last year at the hospital convention, and it seems to me that something definite should be arranged for by the Provincial Government—that no hospital receiving provincial financial aid should be allowed to put up any building or occupy any building whose plans have not been seen by some competent architect.

In that way many of the fire-traps, inconvenient and inadequate hospitals would not exist.

Looking at it from the patients' standpoint, what may they expect as a standard? They should be able to expect to find, in a hospital to which they go, proper equipment, not too extravagant, but the needful equipment for their proper care; they should expect to find a building that is sufficiently sound-proof, so that their rest is not disturbed; they should expect to have sufficient supervision by the medical men, that they should never at any time be left without a resident physician; they should expect to find definite supervision of the pupil nurse by a properly competent superintendent of nurses; and they should also expect to find sufficient nursing help, so that their general nursing care can be undertaken by the hospitals themselves, without requiring the use of specials.

What should the hospital authorities expect? They should expect to have as a standard their superintendent and their superintendent of nurses both equipped for their work. Before going any further, I should go back to a point which may be rather a shock to a good many of you, and certainly will be a surprise to some, to know that in our estimation for standardization of training schools the hospital board finds a place. In how many of our hospitals do we find men elected to serve on hospital boards who, during their term of office, know nothing whatever of the work of the hospital, with the exception of its finances? In the East, where the hospital boards are elected year after year, sometimes serving throughout an entire lifetime, they may get to know something of the workings of the hospital; but unless each man definitely feels that it is his responsibility, in accepting this position, not only to understand how the hospital is run financially, but also to understand fully that they must know more about the actual working conditions, about everything in it, that they must know whether the patients are getting what they require, and also whether the nurses are getting what they are led to expect that they should have, he is failing in his duty as one of the board of trustees. I would like to see each one of the members of the hospital boards here present go back, with searchings of conscience, and ask themselves if they understand as much as they should and have paid the attention they should to the work they have undertaken to do.

After the standardization of the board comes the standardization of the superintendent. To how many boards does the question come, when they require a superintendent of a hospital, as to whether that man has any other qualifications for the position than that of being a medical man? Or, if they have a nurse as superintendent of the hospital and superintendent of nurses, how many times does the question of salary form the only basis or criterion of her value? It is a positive fact that, as far as British Columbia is concerned, superintendents of nurses have been taken into hospitals where they have never even been asked the hospital from which they were graduated, if they have had ex-

perience, or if they come up to a definite standard. The chief point of view of the board is, does so-and-so manage the hospital that there is not very much of a deficit? As a standard the hospital should insist that a man or woman, occupying the position of responsibility as superintendent of a hospital, should know and have some experience along executive lines, particularly along the institutional lines such as they are undertaking to do. As for the poor, unfortunate woman who may be selected, as is so often the case, as both superintendent and superintendent of nurses, what should be said of her? She is expected to be a good financier; to understand thoroughly the equipment of the hospital, engineers, plumbers, laundry; have a motherly eye over the housekeeper and other departments; to supervise the teaching and training of the pupil nurse, and to see that the patients are well taken care of. What do the boards demand as a standard, and what salary does she require? Boards should realize that their demand should be for a woman experienced and competent, and then pay the salary which will encourage those fitted to accept the position. May each member of the board here present take this question home, as to the requirements necessary for superintendent of their hospital.

For the standards for teaching, we have to take into consideration the fact that there is a definite agreement made between the hospital and the pupil nurse or probationer. She enters the hospital with a definite viewpoint; she has come there to get her training or her equipment for her professional life. She gives her services to the hospital in return for the training and the education she gets. In how many cases is that educational training adequate? In how many hospitals do we find that any amount of equipment is cheerfully given to the operating-room or other departments of the hospital proper, but is it not almost impossible to get a suitable equipment for the teaching of the pupil nurse? How many hospitals can truthfully say that they have suitable library, demonstration equipment, or, in fact, any real definite scholastic equipment for a hospital claiming to give a training to pupil nurses? The pupil, on entering, feels that she must devote her life to her profession, and she naturally considers the matter in this way—or should consider the matter in this way: Does this hospital, which I have entered, give me a recompense for the labor which I am giving? The work of the pupil nurse is practically of no value to the hospital in the early days; but there is a definite contract entered into by the hospital, by which they take this untrained material and, by using her constantly improving skill for the hospital, they also definitely place themselves in the position of giving her a definite training. The University course of the Vancouver General Hospital is a step in the right direction. It is something of which I am very proud; but I feel that, so far as the standardization of the training schools of British Columbia goes, the Vancouver General Hospital, and the Royal Provincial Jubilee Hospital, Victoria, when they arranged for affiliation with the smaller hospitals of the Province, did more for the standardization of the hospital

than in any other way. The old trite saying, that "the chain is no stronger than its weakest link," comes in when the small hospitals must be considered in any scheme for standardization. The large hospital can safely look after itself, but our constant effort must be to help the small hospital to come up to the rights and expectations of the pupils. The small hospital benefits again by affiliation because they can turn out honestly and truthfully young women as graduate nurses of their hospital, feeling that they can take their place with any other. In the second place, they gain by being able to get better material, by encouraging the young women of that vicinity to enter the small hospital with the knowledge that a part of their term will be given them in the larger and more interesting hospital training school. I have been pleased, in this last year, to see several hospitals asking for probationers, stating that they are affiliated with the Vancouver General Hospital or the Provincial Royal Jubilee Hospital in Victoria. The question comes up in the smaller hospital as to what teaching facilities they need, and that rests largely with the standard that they set for their superintendent of nurses. The wards of any hospital furnish a very large field for education of the nurse if the material there is properly used.

So far as the hospital is concerned, I have told you what the student has a right to demand from the hospital. What must we ask from the pupil herself? The standard of admission, so far as education is concerned, can hardly be raised too high if it were possible to get the young women with the higher education to enter. A certain amount of high school education should be the minimum qualification, whether one year or the full course, is a question which cannot be too hastily settled. In California this spring they made a decided departure from the usual way of providing standards of admission, which are usually put up in each individual case to the superintendent of nurses to decide. In this new scheme all pupils desiring to enter California hospitals send their names in to the central registration board, and they decide who is eligible and who is not. She can then choose whichever hospital she prefers to enter; but her standard must be settled by the Registered Nurses' Association of California, which is actually the State Board of Health.

So far as our curriculum goes, that has to be worked out in detail; but these things we must demand—that the nurses have proper facilities for the theory and practise of the anatomy and physiology, dietetics, contagious diseases, medical, surgical, obstetrical and gynaecological work. Contagious work should be, perhaps, optional. No young woman, however, in my estimation, is thoroughly qualified unless she has had contagious practical work. One cannot always give that in smaller hospitals, but it might be easily arranged for by affiliation. The public are asked to support the hospitals, and they have the right to ask and demand that their daughters and sisters should be given a suitable chance to get a proper education along nursing lines. To the average person a graduate nurse is a graduate nurse; but, to our sorrow, we know that

many nurses have been taken into these so-called training schools who have not had anything like the training they should have had for the three years' service they have given. If any hospital feels that they can neither affiliate with the larger general hospital nor give the training that is required, they should in all common honesty give up the name of training school and undertake to nurse their patients by means of the graduate nurse.

What are our ideals, and what is the future of the training school? To our mind, we see the training schools of British Columbia all united in one effort to give a standard education to the young women entering their doors. That this can be done we feel absolutely sure, if the common ground of the minimum curriculum be taken and the common attitude of giving and taking between the large and the small hospital in affiliating be understood. Then, and then only, can we feel that our hospital has done its duty—the small ones in sacrificing a portion of the three years they expect to have the pupil nurse, in order to give her a training in the larger hospital, and the large hospital in assuming a slight extra amount of work in the arrangement for the taking in of these affiliated pupils. In my experience of British Columbia hospitals for the last seven years, I feel sure that, with the enthusiasm and the high ideals of the past, we will be able to accomplish all that is hoped.

Medical, Dental and Nursing Work in West China

A Great Advance Planned

About mid-September the board of governors of West China Union University, representing five constituent denominations, convened in Toronto. A great many very important questions were dealt with by the board, especially looking toward large developments of the institution in the future. Great stress was laid upon the importance of promoting medical, dental and nursing instruction, for China is especially weak along these lines.

Victoria College took advantage of the occasion to give a dinner to the members of the board, in order that they might meet with some of the leading doctors and dentists of the city, together with other guests.

The great theme of the occasion was the consideration of an enlarged scheme of professional education in connection with the Chengtu University, which the three professions of medicine, dentistry and nursing, in Canada and Newfoundland, are being asked to specially provide for. A central committee has already been formed in Toronto, and every member of these professions in this country will be circularized and invited to co-operate in a movement which must mean large devel-

opment in medical, dental and nursing instruction among the one hundred millions of Chinese, aborigines and Thibetans in West China.

Rev. Dr. Goucher, chairman of the board of governors, sketched the scope and outlook of the university and its immensely strategic position; and Rev. Dr. Beech, the president of the university, followed with a lucid survey of its rise and development, illustrating it most convincingly by the exhibition of some beautiful lantern-slides showing buildings and groups of students. These pictures visualized the institution, and impressed all with its wonderful progress since its beginning ten years ago, and also with its possibilities for a great future.

Dr. C. W. Service, of Chengtu, was then called upon to make a statement as to the medical needs of China. He urged that fully 99 per cent. of China's need for doctors and nurses and almost 100 per cent. of her need for dentists have still to be met. He stated that the proposal for enlisting the healing professions of Canada and Newfoundland in an effort to secure more adequate facilities for training Chinese doctors, dentists and nurses would do much to help meet these dire needs.

Dr. N. A. Powell, in a brief but earnest address, spoke on behalf of the members of the medical profession, promising hearty sympathy and co-operation.

Dr. A. E. Webster, Dean of the Royal College of Dental Surgeons, enthusiastically seconded Dr. Powell's address, making mention of the fact that four of the dental surgeons of China were graduates of the institution now under his care, and that three of these, Drs. Lindsay, Thompson and Mullett, are now in Chengtu, engaged in the practise and teaching of dentistry.

The meeting was a most encouraging send-off for the new project; and it seems certain that the medical, dental and nursing professions of Canada and Newfoundland will rally splendidly to give West China a measure of the privileges in skilled men and women and scientific facilities for their work that Canada enjoys so bountifully.

Those present included the following:

Board of Governors of West China Union University—Revs. Dr. Goucher, Dr. Franklin, Dr. North, Dr. Rice, Dr. DeBlois, Dr. Beech, Messrs. Williams, Wood, Hunt and Vaux, all from U.S.A.; also Revs. F. Anderson, Dr. Endicott and Chancellor Bowles, of Canada.

Physicians and surgeons—Drs. N. A. Powell, S. M. Hay, J. N. E. Brown, F. N. G. Starr, C. P. Lusk and A. C. Hendrick.

Dentists—Drs. A. E. Webster, F. F. Price, H. E. Eaton, J. A. Bothwell, W. E. Willmott and W. A. Black.

Prominent business men, among them Messrs. E. R. Wood, H. H. Fudger, J. H. Gundy and Vincent Massey.

Prominent city ministers, including Rev. Dr. Gandier, of Knox College.

Missionaries from West China and Japan.

Affiliation As An Educational Factor

By Mary E. Martin

(Read at the C.A.N.E. Convention, Vancouver, B.C., 1919)

The reason for the present insistent demand for educated and more thoroughly trained nurses is due to the inability of nursing education to keep pace with the remarkably rapid widening of the nursing field.

The problem of providing the nurse with an adequate preparation for her vocation has always been an economic one, the color of which shows no tendency to becoming a very joyous one.

However, in view of the past notable achievements in nursing education, against great odds, we have faith that even more can be accomplished through a well-planned system of affiliation of training schools. Many of the largest and best schools for nurses in the country have an established routine practice of affiliation with gratifying results. Practically no hospital, however large, offers a complete field for the nurse's training. It is evident, therefore, that all schools should affiliate for longer or shorter periods. A satisfactory scheme could be arranged by the principals of all neighboring schools dependent on the needs and possibilities of each.

I might suggest, however, that all large, small and special hospitals conducting training schools should affiliate for all subjects not available in the parent school, with mutual benefit, the hospitals bearing the expense of allowance and travel for all students received.

Institutions not conducting training schools often afford a wealth of valuable teaching material, and would welcome the opportunity of extending their usefulness to teaching nurses. Moreover, they would doubtless provide teaching facilities, etc., to conform to the standards of the hospitals seeking affiliation.

Diseases in these special institutions represent the majority of the sick in any community in need of skilled nursing care and advice. These subjects should be included in the training school curriculum; otherwise, nurses do not receive the thorough theoretical and practical training necessary in providing a broad foundation for any phase of nursing service.

Teaching for affiliated schools could be centralized; but, failing this, identical theoretic work could be done at the same time in all affiliated schools. The practical experience in departments could be condensed, worn-out methods scrapped, greater uniformity of methods made less difficult under training school inspection. This would tend to equalize the training for all nurses, the broader experience, more varied and intensive training, with shorter working hours already here, would un-

doubtedly help to attract more and desirable applicants, especially to the small schools.

I realize that there is nothing new in all this, but it bears repetition. It is workable; is *already* working in a small way, not easily so, but nothing is easy that is worth while; and to-day, with a world-wide campaign for child welfare, a world-wide war against tuberculosis and for the eradication of preventable diseases, we should use every available means to provide the nurse with the best possible equipment for giving skilled care to the sick, the prevention of disease, and for the many difficult problems she is called upon to solve in almost every phase of civic and social life.

The Nurse and Her Work

By Jean L. Blythe

The first nurse was the wife and mother. She was also the first physician and surgeon. Everywhere she retains these functions for the simple cases that arise within the family circle, while in the more difficult situation the professional healer and the professional nurse are called in.

In more primitive times and, in our own day, in the more primitive districts, the wife and mother who inherited or developed special fitness in the work of healing and nursing often became, in her later years, when she had become rich in experience and had been freed from the more ordinary family cares, the chief healer and nurse in the little community in which she lived. She welcomed the first cry of the latest comer; she smoothed the pillow of the dying patriarch.

Though these women were professionals, they were not scientifically trained; and their wages were usually low. To the ablest and most ambitious of these, it soon became apparent that they could do much better work if they had more knowledge and had some regular system of training. This was apparent also to the physicians and surgeons with whom they were often called upon to co-operate.

In hospitals this knowledge and training were most needed; and here, also, it was most easy to institute the necessary courses. The greater efficiency of the trained nurse was soon evident, and she came to be in demand outside as well as inside the hospital walls.

In the days previous to the era of training, the elderly nurse had the field pretty much to herself; but when systematic training was instituted it was found the younger women were the aptest pupils. The day of the unmarried nurse had set in; propriety was satisfied by means of the uniform and the sacred symbol that appealed to nurse and patient alike.

And now let us consider the qualifications of the would-be nurse.

To begin with, she should be at least an average in womanly gifts and graces. We should gladly ask more than an average; but to demand more would be to shut out many useful workers, and, at the same time, impoverish the ranks of women teachers, women stenographers, women clerks, and of other classes of women workers. She should have at least average strength, and average—if not more than average—health. She should have intelligence, patience, persistence, self-control, decision. She should be kindly and seriously cheerful. She should be constant in quiet cheerfulness, for from such an one the patient can imbibe the strength of spirit and optimism which go so far to make recovery possible. She should be conscientious; and if she can do her work "as ever in the Great Taskmaster's eye," her work and her influence will be indeed blessed.

Let us now suppose that such a young person has received professional training in a good hospital, and passes out into active service in the world. At first she is full of enthusiasm and a novel situation; she is welcomed, and has her measure of success; she has her meed of gratitude and praise.

But soon her labors tell on her strength and good spirits, and she is not quite so well satisfied with herself as she was at first. There is every temptation to lose heart, to feel that she is unfitted for her duties, to believe that she has made an unwise choice.

In the main these are wholesome, not unwholesome, symptoms. The path of wisdom now is to persist, to determine not to relax her efforts until she shall have achieved lasting success.

Just here professional organization could probably do more for her than anything else. If there is a local society of nurses she should not fail to become a member, and to attend the meetings whenever she can. She may not find anyone there who has had better advantages in training; but it will be strange if she does not find some who have had much longer and more varied experience. A word or two from one of these may dispose of some of her greatest difficulties. Again she receives the strength that comes from human sympathy: the sympathy especially of those who have had difficulties similar to her own; who have overcome those difficulties and have reached the peaceful waters beyond. She will hear of journalistic articles, of periodicals, of books, that will help her. She will hear of interesting and novel cases, and of the treatment that has proved successful.

Such a society will also probably have papers read by various members, in which their best ideas are carefully and thoughtfully expressed. At times, too, the society may have the privilege of listening to a specially gifted, or specially trained, visitor.

In these meetings the young member will not always be a silent member; she will take her part in the discussions, and will sometimes prepare and read a paper. She will discover that, though lacking in

long experience, she is able to say something that others will be pleased to listen to.

With less superficial enthusiasm, perhaps, but with deeper fire within, she will now steadily pursue her course. The thoughtful young nurse will observe, early in her experience, that there are those among her co-workers who have become back-numbers. Sometimes it is their misfortune, not their fault; oftentimes it is their fault. They have been overcome by too great self-esteem, by indolence, by the distractions of life.

Once, perhaps, they were leaders in their profession; now they are little better than hangers-on. They early lost sight of one of the greatest responsibilities—the duty of maintaining efficiency.

The work of the nurse is unalterably bound to that of the physician and surgeon, and must advance step by step with his. She has not entered upon an easy profession, and, if she is to be in the lead, she must learn to conserve her forces and to keep up with the progress of the years. How is she to do this? In the first place, she must learn to take care of her own health and to keep up, and even increase, her strength. In the next place, she should keep in touch with her fellow-workers. She will do this most readily through the local organization. In the discussions, and in the writing and reading of papers she should do her share; and, when she cannot personally take part, she should look upon it as a duty at least to attend, and so encourage those who are doing their best to make the meetings pleasant and profitable. If there is a provincial organization she should take care to be a member of it, and encourage others to do the same. If she can take an active part, so much the better.

From time to time she should embrace the opportunity to nurse for a few weeks in a large hospital. A small hospital has often proved the best place in which to receive one's grounding, since in such a place one can more readily grasp the work in its entirety. A large hospital affords, perhaps, a better opportunity for the experienced nurse to get acquainted with new methods, or to come into contact with special cases.

The progressive nurse will also read one of the best professional magazines, and occasionally a new book; and she will never let theory outrun practice too far, for a bookworm is in great danger of permitting wealth of theory to clog and paralyze useful activity.

The enthusiastic nurse makes efficiency of herself and others, in the large and generous sense, her first aim; but in doing so the matter of salary cannot be overlooked. The laborer is worthy of her hire. She must meet the daily expenses of living; she must allow for periodicals, books, holidays, and kindred expenses; she must contribute her portion for religious and charitable purposes; she must provide for periods of lack of work, for sickness, and for old age.

One advantage of registration in local and provincial organizations is the opportunity it gives to agree upon a fair scale of remuneration,

based on the cost of preparation in time and money, and on the sums necessary to meet the claims I have just mentioned. When such a scale is agreed upon, the members of the organization should loyally abide by it and should make it a point of honor to claim the standard rate.

This need not interfere with special treatment of the deserving poor. One need not abate the rate of remuneration; but one may charge for as much, or as little, of the time spent on the case as she herself may choose.

And, finally, the cultivation of a true and high professional spirit should never be lost sight of. For this we have surely the most sacred incentives.

The mothers of all ages have sacrificed themselves for the helpless and ailing of their own family circle, and of the larger circle of the community. Florence Nightingale and her devoted followers dared to take up a work for the alleviation of suffering, amidst the most terrible scenes, on a scale unprecedented in the previous history of the world.

Thousands of nurses from every part of the Empire, including our own Dominion and province and city, gladly went to emulate their example in the more awful scenes of the recent Armageddon. Edith Cavell added to the devotion of all who have gone before the supreme sacrifice of the martyr death, and has achieved not the least place in the world's great temple of fame.

Looking, then, upon this great cloud of witnesses who, in the truest sense, still live to instruct, to guide, to sustain, and inspire, what effort or sacrifice on behalf of our noble sisterhood and its work could be called too great?

There is no need for discouragement. The transition from war to peace is more complex than was thought. Yet the wealth of Canada remains to-day what we have always said it was — tremendous in its possibilities. In fact, the total developed value is probably about $20,000,000,000. The thing to do is to develop it still more. With an annual income which in 1918 was estimated at $2,500,000,000, there should be plenty of margin in our receipts for re-investing in national business for its expansion.

According to statistics compiled by Dr. M. O'B. Ward, of the city health department, the influenza epidemic of last November claimed 3,341 victims in Montreal, or 5.37 per 1,000 of the population. The average age of the victims was twenty-five years. Of the total number, 1,408 died of ensuing complications, pneumonia and bronchial pneumonia. The cause of the epidemic is attributed to the great dampness and abnormally low temperature of October. The temperature was 4.11 degrees below the average of the last forty-four years, and the rainfall was 4.32 inches more than usual.

Student Government in the Training School

By ELIZABETH RUSSELL, Toronto, Ont.

In writing this paper, I have in mind a very definite, if, perhaps, limited, audience, namely, those members of training schools, superintendents and others, who are seriously considering the pros and cons of student government, each in relation to her own school. For these I have gathered as much accurate information as possible with regard to the experiments that have already been made in this direction; that information, as summarized below, has been obtained from various superintendents and directors of nursing organizations who have had some personal experience with this system. In addition, I would like to give the undergraduate nurse's viewpoint, obtained from my own experience of student government while still in training.

Gathering in opinions from various sources, we find, strangely enough, a confusion of aims and ideas, even among those who advocate a system of self-government, so it would be well to define at once what we signify by this name. To one it just means that, in the little training school world, we have democracy in place of autocracy, if one may be permitted to use those poor hackneyed words. It means that your school may have the same rules as hitherto, the same aims, the same conditions of life, but no longer does the training school office administer the discipline; instead, the student body, as a whole, accepts the responsibility of directing and controlling their residence life. That is the one thing, and the one thing only, that is prescribed by student government. The students as a whole shall make and administer their own laws; no one can make a rule until they have as a whole accepted it; no one can enforce a rule except through them, not even the superintendent herself.

That, then, is the system we are considering. But why are we considering it? What has suggested this student government to our training schools? I would have thought it just the inevitable reaction to the democratic spirit of the day. The appearance everywhere of that spirit seems to be merely a question of development, and I had thought the individual superintendent was voicing her own sense of proportion in approaching this thing. A more limited and unexpected argument comes in a letter from New York. The letter gives a report from a conference of superintendents of New York training schools. It reads: "All felt that something must be done to satisfy the college group that was coming more and more to the front and was resenting the old-fashioned discipline of the hospital." The college element hardly obtains, as yet, in our Canadian hospitals; so we may assume that, in our capacity as nurses, we have felt the spirit of the times. Of course, student government has appeared first in college life; that was inevitable, as the residence problem there is so much simpler than that of the hospital.

The question is, do we really want this system in our training schools? Is it worth while? What are the advantages that make some consider it, or the disadvantages that make others refuse to do so? All the possible advantages that have been suggested from both sides, the students and the staff, can be summed up under three heads and put in the form of the following questions:

1. Will discipline be better maintained than formerly?

2. Will the student nurses be better satisfied or have happier living conditions?

3. Is there any other less apparent, but more valuable, gain brought by this new factor in the training school environment?

It is quite possible that the strongest argument lies in that third point; but we will leave it alone at present. Let us consider the other two:

Firstly, will discipline be better maintained? Naturally, that point will have to be considered at once by the superintendent. The personnel of the nurses in any training school is the result of the superintendent's choice from available material. It may then be assumed that that superintendent and the students of her own choice will be able to agree upon rules acceptable to both. If the students have once agreed upon a set of rules and passed them for their own, then it would seem safe to say that the majority of their number will readily want to see those rules observed. If, then, the students really want those rules observed and have themselves accepted the responsibility of enforcing them, then the opportunities for enforcing them, or of detecting any breach of discipline, are decidedly greater than before. The latter statement is positive, for I think all will agree that the opportunities for enforcing discipline are increased, and will not discuss that further; but the first part of the argument was not positive. Whether the students will use those opportunities depends upon whether the majority really want discipline observed. We think they usually will. But that can only be proved from the experience of those who have put the student body to the test, and there can be no final answer. It depends upon the general conditions of the school, and just there we have the reason for the diversity of individual opinion about student government. For further satisfaction, we can only weigh the opinions that I will quote from those who are trying it out.

Secondly, will the student nurses be better satisfied or have happier living conditions? That is the instant cry from the school! To be quite frank, the majority want to know just what they are going to gain from this new plan. You will seldom get any student body who are worried about better discipline, and it is not likely any such group will be clamoring for broader development; so this idea of personal gain is the only one of the three that has immediate force with all. The answer follows along from the first point. If the superintendent can be assured of a heartier compliance with existing rules, she can safely allow a wider

latitude in the rules agreed upon. With less fear of breach of discipline, unnecessary strictness can be relaxed. That seems logical; but it, too, can only be corroborated from experience. There is one undebatable point: it saves adult women the ignominy of being treated as children in their residence life. And another important point that also comes under this heading is that student government provides, for the first time, an absolutely normal means of communication between students and superintendents. So the student nurse's aspect of every matter can be voiced and understood as never before. That saves a vast amount of unnecessary friction, especially in a large school.

Next we may consider the disadvantages and special difficulties that are going to confront us at once with this system. Perhaps we can tabulate them:

1. The most ardent supporters of student government will agree that it is still only in the experimental stage. Therefore, they are undertaking a difficult and troublesome experiment that may have to be abandoned.

2. The disadvantages that will seem greatest to some is the placing of some student nurses in apparent authority over their fellows. Can that be justified? Can it be understood, or are you asking too hard a thing from those who accept office?

3. In inaugurating this new system in any training school we have to face an almost insurmountable difficulty in that we can never, in any circumstances, get our whole body of students together at their meetings —some must always be on duty. That may not seem so serious at first, but as we go on we realize the overwhelming drawback that it entails. At first we think everything can be carefully repeated to the absentee nurses, and again we are convinced that all will be safe because every ruling is printed and can be read; but gradually we learn that no repetition can replace the psychological effect of what is got at the meeting itself. To ignore this fact is stupid. For any success, it will require an intelligent appreciation of this loss and infinite patience and constant vigilance to offset it.

4. In hospital life we have an unique situation. Work and sleep are always going on simultaneously, both day and night, and this brings unusual problems. Is it possible for the student body to appreciate the difficulties of the situation they are expecting to control?

5. The student nurses are very busy and have so little free time. This student government means added work and responsibility which, according to some, they do not want.

Now we have briefly enumerated the advantages and disadvantages that are generally associated with student government. Let us at this point sum up some testimonial evidence. I am quoting such for a double purpose. First, it is the only way to give any real value to our arguments at the present moment, and again I wish to put you in touch with the most fruitful sources of information for future inquiry. My

first letter is from Miss S. F. Palmer, editor of the *American Journal of Nursing*, Rochester, N.Y. Her testimony is most important, as it summarizes the opinion of the conference referred to above. She writes:

"Not long ago I happened to be in New York City, and attended a conference of the superintendents of all the training schools in New York City for a discussion on the subject of student government. On general principles I will say that student government is not yet a success in this country, but that it is being experimented with along restricted lines. It has been under discussion and was being tried out in several schools, but only with reference to the nurses' life in the home. No one was very enthusiastic about it, but all felt that something must be done to satisfy the college group that was coming more and more to the front. I think we have all come to feel on this side that the military discipline of our schools, under which they were originally organized and have been conducted for so many years, must be modified to some extent; but to what extent, no one yet is willing to say."

From Miss Helen Wood, acting superintendent of the Massachusetts General Hospital:

"I feel that there should be some type of student organization in the training school which should be given responsibility along certain lines. I do feel that this responsibility should be very definitely outlined, and that it should have to do only with such matters as affect the nurses off duty." Miss Wood also adds that Miss Parsons, superintendent of this school, is very much in favor of student government.

There is no uncertain sound about the following from Miss Annie Goodrich, Dean of the Army School of Nursing, War Department, Washington:

"There is no question in my mind that this provides the most satisfactory method of controlling a group of young people. It is, of course, not always successful; but it seems to me that it is markedly more so than our former system."

The following contains nothing definite for the present, but promises a valuable summary that we may look for later. It comes from Miss C. E. Gray, acting inspector of nurse training schools, 132 East Forty-fifth Street, New York. She writes:

"It is quite true that I have been interested in student government for several years, and I have tried it out experimentally. I am anxious, just as soon as I can find time, to summarize the results of those experiments. I hope to have such material ready by next fall."

I have also been referred to Miss Jamieson, of the California State Board of Health. Any who are particularly interested in Western conditions may follow that clue.

There are letters from Miss C. V. Bott, Teachers' College, Columbia University, and from Miss L. R. Logan, of the National League of Nursing Education. They offer an opinion personally, but refer to these other sources quoted above and also to articles which, they say,

may be found in the files of the *American Journal of Nursing* for the past three years.

The following is quoted from the second conference of directors of the American Army School of Nursing: "Student government has been organized quite successfully in several different camps. It has brought the responsibility of the student and has been a means of self-development. In a few camps it had been tried for a short time and had been abandoned, the students being unwilling to assume the responsibility and preferred military government. Others were waiting until they received reports from the hospitals where it had been successfully established, and in one or two instances it had failed, owing, it would seem, to an unwise choice of officers. Directors, where student government had been established, were most enthusiastic over the results obtained"

In the report from Camp Wadsworth, the class president writes as follows: "Student government has done much to develop class spirit and loyalty. It has made us realize our responsibility to the class as a whole, and has taught us to pull together."

Now, turning away from all discussion of the merits and demerits of the system, I want to give the outline of student government organization as it came into being in my own school. I feel impelled to do that because of the great inequality among such organizations, the very limited scope of some and the evident confusion on the subject. In October, 1917, the superintendent offered student government to our school and, at a mass meeting of the student nurses, we accepted it. That night a committee of three pupil nurses was appointed to draw up a constitution to present to a later mass meeting for discussion. That work was done without suggestion or aid from any staff members, and, when completed, it was presented to the superintendent. With some slight changes in form alone, she accepted it for discussion with the school. In that constitution we provided, in a number of articles, a working basis for our organization, and then took the former residence rules and made them, with some alterations and additions, by-laws of the constitution. At the second mass meeting those by-laws were earnestly discussed and a number of changes were suggested by the pupils and some agreed to by the superintendent. In every case those changes meant new privileges or more agreeable conditions for the student nurse —trifling things, perhaps, but very precious. Thus, at the end of the meeting, we stood with a body of rules which the students as a whole had accepted and which we had pledged ourselves to enforce. In accepting the new privileges we had doubly bound ourselves. The executive body consisted of a council, with student nurses as the officers, with representative members from each of the class groups, and the superintendent of nurses as honorary president; also an advisory committee of staff nurses was provided as a court of appeal for occasions of extreme difficulty, but only for such occasions. The superintendent, as an honorary member, attends any meetings she wishes. Not infrequently she

is absent, and that, I believe, deliberately. However, the council soon realized the great help it was to have the superintendent with us, and almost refused to meet without her. One amusing example of that was a time when she left town for a week, leaving her polite regrets that she would miss the regular meeting. However, a week later she found a postponed meeting patiently waiting her return. But never did she take the chair or relieve us of the onus of shouldering and deliberating our own affairs. It was a liberal education to the council members, at any rate. I want to dwell upon this point of the superintendent's relation to the council, because it can mean so much. May I picture an analogous situation? The city solicitor is frequently called into a meeting of the city council, not to dictate, but to give expert advice, to interpret the possibilities by existing situations, and to keep all in touch with the scope and limitations of their own office. The analogy has been pushed far enough.

One more point in our organization is important. As mentioned before, there is one representative from each of the six class groups on the council. Those six representatives are called Proctors. Each is directly responsible for representing her own class in all distinctly class matters. Equally important is her second duty. Each is assigned a definite floor, or wing, of the residence, and for the whole year of office she administers its affairs. All matters requiring adjustment within her district must go to her, and she must bring them to council. There has been no confusion in working out this plan.

I have only given the barest outline to show the spirit in which our organization was inaugurated. When started, it was an agreement that we were just to try it for a year. Among ourselves we urged that that year's trial would be honest, so that, if the system proved impracticable or undesirable, we might honorably hand it back at the end of the year. That year has passed, and eight months of another, and student government still reigns in the Toronto General Hospital. That will lead you to conclude that it has been operating successfully. The superintendent is at least satisfied, although that satisfaction is not unbounded. I know the discipline in the residence has been somewhat better maintained, and I know the nurses have been living under somewhat happier conditions, with more privileges, small, but not unimportant; and yet I know, and say it deliberately, that very few of the student nurses have even to-day an adequate conception of student government. Some are intelligent supporters, a few are antagonistic, and a large number are disinterested and apathetic.

I have been searching diligently for the reasons for this, and several suggest themselves. One is the hopelessness of trying to train adults to a new and broader viewpoint. To instil an intelligent idea of self-government into the general mass, it would be necessary to start with them as children. The present-day agitation for classes in citizenship for our school children recognizes that point. You cannot take a

girl of twenty-one, who has been brought up with only a narrow individualistic outlook, and suddenly make her broad-minded and intelligently responsive to community interest just by presenting to her a few logical arguments. Of course, I am picturing the extreme side, but the truth is there.

Lately I have been modifying my own views, and have come to place one of the chief hindrances to student government in an unexpected quarter, and that is among its best-intentioned friends upon the staff. Probably there will be much opposition to this argument. When we say that student government prescribes that the student body as a whole shall make and administer their own laws, does that mean that any staff member, living in the school, loses her right to interest in affairs? Surely each staff member has the right and duty to report any breach of discipline coming to her notice; but she must report to the student representative concerned, and make her shoulder the responsibility. The staff member has no right to deal personally with the offender, and no right to report the matter to the training school office. Further, having reported to the student representative, she has the right to see that the matter goes through to the council if necessary. Then, indeed, you have student government; and if the staff nurses would thoroughly grasp that idea and recognize the student representative in this manner, I believe it would go a long way toward putting student government on a truly dignified basis, and, in consequence, the student nurses would realize an added importance in responsibility and their own organization, and much of the indifference spoken of would be overcome.

Unfortunately, the dread of interfering unwarrantably has usually held back the staff nurses from taking that attitude, and, until the staff as a whole take the time and trouble to thoroughly study out the question and understand their own role in the school which has adopted this new system, there can be no truly strong organization. This is not a question of graciously extending a privilege to the staff. I want to insist that, as long as any nurse lives in the training school, and is a member of the staff, she accepts a responsibility to the school which she cannot throw off with the excuse that she does not understand the system. Surely, in any school, the students and staff should agree together on their interpretation of any form of government adopted, and thus avoid disappointment and confusion.

Another fatal mistake is over-estimating the importance and authority of the president. There will be no satisfaction in trying to put a student nurse in place of the superintendent; and if you try to do so, you are placing that student in an impossibly false position. Proctors, if appointed, should be fully recognized and used in their own districts. Why should any staff nurse or anyone tell a student to report to the president? There are always some exceptional circumstances, but I am now talking about the ordinary routine. This is too important a matter

to ignore. I know one student government organization that has lately come to grief, and I believe this mistake was one of the causes of their failure.

Now can we speak briefly of the whole subject of reporting, for there seems to be a false impression abroad about this. Who would want to live in a school where all felt obliged to be spying and telling tales? There is a very prevalent idea that student government involves some such thing, and yet we have proved that that is not an essential element and not a necessity. If student government is grasped with intelligence and sincerity, you have created an atmosphere which invariably compels the individual to report herself. If offences are known generally (and there is little that can be kept secret), then the offender cannot long brazen out public opinion. This is not theory, but fact; and therein lies the strength of such an organization.

Following that, I want to quarrel with another theory. Some confuse this idea of self-government with something that is called an honor system. I cannot see the connection. With the whole student body administering their own discipline, the individual has much less chance to transgress than under the old system, where, often, all officials were remote from the scene of action. Therefore, it appears that the old system called for a finer and keener sense of honor from the individual. I know that this argument is going to meet a great deal of criticism, but I am convinced that it is both sound and important. I am not arguing it out for the sake of disparaging student government; but surely we will take a long step toward success with any system if we can get a clean-cut idea of just what it really is, free from a cloud of sentimental or half-understood theories. The question of whether or not a higher sense of honor is developed for the school, en masse, is another matter; but for the individual, if we must call either one an honor system, I think we must give the name to the old plan.

There is just one more thought. I feel the whole discussion is hopelessly inadequate unless I go back to a point that was raised at the very beginning, although there is no time left now to discuss it properly. My reference is to the suggestion that there is something further to be gained by introducing student government into training schools: something quite apart from these issues that present themselves on the surface for immediate attention. I know of no life that can be so unreasonably narrow as that lived in the hospital training school. The long hours, exhausting type of work, and uncontrollable circumstance of the life soon dampen the ardor of those most determined to keep in touch with outside things. That inevitably reacts upon the residence life, and we all know the result there. Why, then, do we wonder at the narrow, individualistic spirit that has been so consistantly fostered? The student nurses, though women in years, shirk the responsibility, many of them, of managing their own affairs, even when student government is offered. That is too true! One of your own Canadian schools

has refused self-government on that plea from the student nurses themselves. How, then, can they be ready to accept responsibility later? Why should you expect them, when graduated, to take a responsible share in managing the affairs of their own profession, or of detecting any missing link between their profession and the needs of the community at large? I do not desire to follow this any further. Only I would repeat: Is it not worth while to deliberately seek some new factor for our training school environment, even should that factor be as troublesome a thing as student government?

Now how can we sum up all this? We have seen the special difficulties that may at once deter some from considering the subject further, and we realize that these difficulties are not trivial and must be faced out by all in considering this matter. We have also seen some of the obvious advantages that can be claimed for student government, and we have that claim substantiated by certain schools who consider these advantages sufficient reason for continuing the experiment. We have a brief expression of general opinion from a number of American schools; and, finally, I have given the outline of one organization and individual opinion of some of the outstanding dangers or weaknesses.

I shall not attempt to draw conclusions. That can only be done by those who have had experience in training school administration. The significant fact to me is that an unexpectedly large number of schools actually have student government in operation; and, although those schools express varying opinions concerning it, they evidently have no intention of abandoning the new system.

BREAD PUDDYNGE

When good King Arthur ruled our land
He was a goodly king,
And his idea of what to eat
Was a good bag puddynge.

The bag puddynge he had in mind
Was thickly strewn with plums,
With alternating lumps of fat
As big as my two thumbs.

"My love," quoth he to Guinevere,
"We have a joust to-day—
Sir Launce is here, Sir Tris, Sir Gal,
And all the brave array.

"Put everything across to-night
In guise of goodly fare,
And cook us up a bag puddynge
That will y-curl our hair."

"I'll curl your hair," said Guinevere,
"As tight as that can be;
I'll cook you up a bag puddynge
From my new recipee."

. . . . .

"Pitch in and eat, my merry men!"
That night the King did say;
"But save a little room—a bag
Puddynge is on the way.

"Ho! here it comes! Now, by my sword,
A famous feast 'twill be!
Queen Guinevere hath cooked it, Launce,
From her own recipee."

"Odslife!" cried Launce, "if there is aught
I love, 'tis this same thing";
And he and all the knights did fall
Upon that bag puddynge.

One taste, and every holy knight
Sat speechless for a space,
While disappointment and disgust
Were writ in every face.

"Odsbodikins!" Sir Tristram cried,
"In all my days, by Jing!
I ne'er did taste so flat a mess
As this here bag puddynge."

"Odswhiskers, Arthur," cried Sir Launce,
Whose license knew no bounds,
"I would to Godde I had this stuff
To poultice up my wounds."

King Arthur spat his mouthful out,
And sent for Guinevere.
"What is this frightful mess?" he roared;
"Is this a joke, my dear?"

"Oh, ain't it good?" asked Guinevere,
Her face a rosy red;
"I thought 'twould make an awful hit:
I made it out of bread!"

. . . . .

When good King Arthur ruled our land
He was a goodly king,
And only once in all his reign
Was made a bread puddynge.

—B. L. T., in *Chicago Tribune*.

Editorial

It is with regret that we note that the *Nursing Journal of India* has had to suspend publication owing to the fact that Miss Bonsor, the editor, has had to resign, and the Nurses' Associations seem to be unable to get any other nurse willing to take the magazine up just now. The exchange of this magazine with others brings us into touch with nurses all over the world, and we are sorry to be even for a time cut off from those of India. It is a sad commentary on nurses in general that there is so very little interest taken in the professional journals. Certainly very few of them seem to think that they have any personal responsibility for the upkeep and material of them. It is hoped that this suspension will be brief.

* * * *

The Graduate Nurses' Association of British Columbia are starting on a campaign for more and better educated nurses for the training schools, and, with a view to "getting together" of all parties for the standardization of the schools, are sending a representative to confer with boards of trustees, superintendents and superintendents of nurses about all matters of interest to them all. This will make a survey of all schools, and should bring helpful results and the initiation of a scheme that may be followed by some of the other provinces. It was clearly demonstrated by the report of the secretary of the C. A. N. E. that there was a lack of suitably educated young women entering the schools, and it was suggested that the entrance classes to the high schools should be talked to with a view of presenting the just claims of the hospital training school and the nurses' profession as a lucrative and satisfactory one for the coming woman.

The real tragedy of life is not in being limited to one talent, but in the failure to use the one talent.—Edgar W. Work.

No Danger

The young lady across the way says she doesn't believe there's much danger of a "cootie" epidemic in this country, as the boys' clothing is all carefully demobilized the minute they land.—*Providence Journal.*

Passing the Examination

Examining Officer—What is a "dogma"?
Rookie—A pup's mother.—*Wadsworth Gas Attack.*

Victorian Order of Nurses

A Post Graduate Course of four months in District and Public Health Nursing for graduate nurses is given at the training centres of the Order, namely: Ottawa, Montreal, Toronto and Vancouver.

Salaries during the course and good openings after successful termination.

For full information, apply to the Chief Superintendent, Room 4, Holbrook Chambers, 104 Sparks Street, Ottawa, Ont.

Public Health Nursing Department

Conducted by the Committee on Public Health Nursing of the C. N. A. Under the Convener on Public Health Nursing

A new factor in school hygiene is being put into practice this year in Saskatchewan. In each of the Normal schools at Regina and Saskatoon a school nurse has been appointed to the regular staff for the purpose of conducting a health education course. This course includes lectures in physiology and school hygiene, the inspection of the students for physical defects, and the general supervision of the health of the students. Besides this, the school nurse member of the staff teaches games, folk-dancing, etc., to the girl students. Miss Jean Urquhart, R.N., formerly matron of the Saskatchewan Hospital Unit, is conducting this course in the Regina Normal School, and Miss Cassie Willoughby, R.N., in the Saskatoon Normal School.

The following recent appointments have been made to the Provincial School Hygiene staff of Saskatchewan: Miss Olive Fuller, Toronto; Miss Gertrude Kilburn, Toronto; Miss Ruby Simpson, Winnipeg.

Success

It is not the spurt at the start, but the continued, unhastening advance that wins the day.

The Canadian Nurses' Association and Register for Graduate Nurses, Montreal

President—Miss Phillips, 750 St. Urbain Street.
First Vice-President—Miss Fairley, Alexandra Hospital, Montreal.
Second Vice-President—Miss Dunlop, 209 Stanley Street.
Secretary-Treasurer—Miss S. Wilson, 638-a Dorchester St., West.
Registrar—Mrs. Burch, 175 Mansfield Street.
Reading Room—The Club Room, 638a Dorchester Street West.

Members of C. N. A. who have been doing transport duty on dependents' trains: Misses R. Moffat, A. Jamieson, A. Harris, A. Gardner, Sankster, M. Forbes, Wadsworth, M. Armstrong, Peters, Merkley, Hammond and B. Bibby.

Our sympathy goes out to Miss R. L. Nichols on the death of her father in England, and to Miss Georgie Wilson on the death of her mother at Beauharnois, Que.

Miss G. Aubrey, M. G. H., has accepted the position of industrial nurse at the Aluminum Company, Shawinigan Falls, P. Q.

Miss Kathleen Smith, M. G. H. '19, is leaving this week for Lake Temiskaming, where she is going to nurse in a lumber camp.

Miss Daisy Hands sails on the 24th for England, where she expects to spend her holiday.

There's but one gift that all our dead desire,
One gift that men can give, and that's a dream,
Unless we, too, can burn with that same fire
Of sacrifice; die to the things that seem;

Die to little hatreds; die to greed;
Die to the old ignoble selves we knew;
Die to the base contempts of sect and creed,
And rise again, like these, with souls as true.
And that's not done by sword, or tongue, or pen.
There's but one way. God make us better men.

ALFRED NOYES, in *The News Letter*.

News from The Medical World

By Elizabeth Robinson Scovil

The Physician and the Patient

In an article on Therapeutics, in the *Journal of the American Medical Association,* there are many interesting statements. Reassurance is often as comforting as opinion, and has fewer after effects. A sick body is not infrequently only the physical expression of a sick mind. In many instances the removal of an outside influence has an important scientific value as a measure of treatment, and has as pronounced a physiologic action as the most potent of pharmacopeial drugs. A doctor should show that humanity that always leaves the patient, whether poor or rich, better in spirit because of the medical interview. Such men remember that they are treating a patient that has a disease, rather than a disease that has the patient.

Medical Education

The Dominion of Canada has nine medical colleges; all but one of these require a five years' course, including in the first year courses in physics, chemistry and biology. The medical school at Edmonton, Alberta, gives only the first two years of the medical course of three years.

British vs. German Methods

The British are endeavoring to exterminate malaria in German East Africa and have succeeded in practically banishing it from Dar-es-Salaam. The Germans screened the important buildings with fine-mesh wire netting, but left others unprotected and those who went outside open to attack from the malaria-bearing mosquito. The British followed the methods used at Panama. They drained swampy places, deepened and graded ditches so that water in them would not stagnate, oiled pools and introduced fish to eat the larvae of the mosquito. When aquatic birds preyed on the fish they planted broad-leaved aquatic plants to protect them. The natives are being trained in mosquito extermination.

American Surgical Assistance

Sir Anthony Bowlby, late consulting surgeon to the British armies in France, states that an American unit from Harvard completely staffed one of our general hospitals in France as early as 1915. In 1917 six more British hospitals in France were staffed by the United States. In 1917 the British army in France had from 100 to 200 American surgeons working on our front, and not a few of them were killed or

wounded. The services they rendered, at a time when we were very short of surgeons, should never be forgotten. It would be impossible to over-estimate the cordial good-fellowship and mutual regard and esteem which prevailed.

Orange Juice Constipating

The *American Journal of Diseases of Children* says that experience has shown that orange juice in the amounts ordinarily used is constipating rather than laxative in its effect, and therefore should only be used as an anti-scorbutic, or diruretic, not as a laxative for infants, especially for those who are already constipated.

Isolation of Scarlet Fever

A Danish medical journal records an experience with 3,175 scarlet fever patients during a period of nearly three years. It was concluded that thirty-eight days is a sufficient length of time of isolation to ensure safety. Great attention was paid to the state of the nose and throat at the time of discharge, more so than to the desquamation. One child was kept in hospital sixty-four days, as the nasopharynx was not in a satisfactory condition, kept up by adenoids. When finally allowed to go home, the child's sister was infected and brought to the hospital on the sixth day.

Nourishment in Pregnancy

A writer in the *American Journal of Obstetrics* recommends the free use of vegetables and fruits in the diet of the pregnant woman. He says that the earthy salts vegetables contain an important factor in the development of the skeleton of the child, and the fruit pulp and fruit acids are valuable as a laxative for the mother. He emphasizes the importance of drinking plenty of water. At least one (?) quart is required in twenty-four hours. If the patient's metabolism is deficient, a mildly saline water will be beneficial. Fresh air as a means of nourishment is of special importance to the pregnant woman.

Nathan Littauer Hospital School of Nursing

NATHAN LITTAUER HOSPITAL SCHOOL OF NURSING (Registered) offers a complete general course of three years, with last six months given for specializing in any branch of the work chosen by the student.

Educational requirements, one year of High School or its equivalent. Classes from April and September.

For particulars, address Superintendent, Gloversville, N.Y.

The Diet Kitchen

By Elizabeth Robinson Scovil

Hard Water

In some districts nurses have to deal with the difficulties arising from the use of hard water. This is water containing lime salts, or other mineral matter. It is not impure, but the composition, as well as the quantity of these salts, affects its power as a solvent in the tissues of the body and may have a decided influence upon the digestion. If there is an excess of mineral matter it may cause constipation and flatulence. It can be made more digestible by using it in barley water, or oatmeal water. Filtering it through clean absorbent cotton, placed in a funnel, also improves it. Boiling softens it.

Hard water unites with soap and makes it less soluble, so that it is difficult to cleanse the hands with it, or to wash dishes in it. The addition of ammonia corrects this in a measure. It dries the mucous membrane and roughens the skin. If it is boiled the carbonic acid it contains, which holds the earthy carbonates in suspension, is driven out.

Rain water, which has been caught in a clean receiver, is the purest form of natural water, particularly that which comes at the end of a shower, after the air has been washed from dust and other impurities.

Boiled Water

Boiling water frees it from organic impurities, but gives it a flat taste that is not pleasant. The oxygen it has lost in the process can be partially restored by pouring it from one vessel to another, or shaking it in a jar that is only half full, so that air may be incorporated with it again. Water should always be boiled if there is the slightest suspicion of its purity. It is said there is no form of germs and no ferments which are not killed by a longer or shorter exposure to the temperature of boiling water. The air which water naturally absorbs is expanded by boiling and rises to the surface in bubbles. If there are gases arising from decomposition they are driven off. The odor is most pronounced just before the boiling point is reached and disappears after boiling, showing that the water is fit to drink. Water boils at 212° F.; by increasing the heat it may be made to boil faster, but it will not be hotter; the heat is then used to turn the water into steam. If the steam comes against a cold surface it gives up its heat and becomes water again. Water is the most powerful solvent known; it dissolves more substances than any other liquid.

Filters

Filters are often relied upon to purify water. Unless they are properly cared for, they are a greater source of danger than a means of safety. The filtering material becomes loaded with impurities, and the water passing through it is contaminated rather than cleansed.

If sand, or charcoal, is the filtering medium, it should be changed frequently. When clay, or porcelain, filters are used, they can be thoroughly cleansed by boiling them in water with a small amount of washing soda. Small filters screwed on faucets are of little or no value. When water is filtered through beds of sand for city use, it is not the sand that is the purifying agent, but the layer of mud, or slime, on its surface which retains the bacteria. Frequent bacteriological examination of the water should be made.

There are many facts about water, important to a patient, which the nurse should remember.

It is imperatively needed after severe hemorrhage, or after the system has been depleted of fluid from any cause. If the patient cannot drink plain water, the addition of a little lemon, or fruit juice, sugar, or some flavoring extract, may remove the objection.

It is of great use in constipation, and should be taken freely. The drinking of half a pint of water, either hot or cold, it is said, will facilitate digestion if taken about two hours after a meal is eaten. It also dilutes the contents of the stomach at this time and washes it more easily into the small intestine. About a pint and a half is absorbed with the food during the day. Foods which contain most water are milk, succulent fruits, such as oranges, grapes, grape-fruit, lemons, watermelons, etc. Vegetables like tomato, squash, etc., have a high percentage of water.

Continued deprivation of water causes the blood to withhold fluid from the kidneys and digestive apparatus, the mucous surfaces become dry and thirst is felt. It is not fattening, as it is commonly said to be.

Politeness appears to have been invented to enable people, who would naturally fall out, to live together in peace.

"Itch" is a term frequently applied to occupational disease. Thus we hear of grocer's itch, barber's itch, bricklayer's itch, prairie itch, hatter's itch, washwoman's itch, lumberman's itch, sugar-refiner's itch, etc. While some of these conditions are incidental, many are the result of occupation. The itching resulting from occupational irritants is sometimes due to the irritation due to repeated friction, sometimes to the effects of chemicals (as acids and alkalis), while under other conditions it is due to infectious processes.—S. Bana Hubbard, M.D., in *Monthly Bulletin*, New York City.

The World's Pulse

By Elizabeth Robinson Scovil

Sudan's Sword for the King

An impressive ceremony took place at Buckingham not long since. Sayed Abdul Rahman el Mahdi, the son of the Mahdi whose troops killed General Gordon, swore fealty to King George. He brought from Egypt a wonderful gold sword, supposed to have been sent down from heaven, and which is surrendered only in token of submission. In presenting it, he said: "The sword of victory, which was bequeathed to my father, I give as a sure token of my fealty and submission to your exalted throne." The King accepted the sword and then returned it, to be held on his behalf in the defence of his throne and Empire.

Rat Destruction

The damage caused by rats in England is estimated at £40,000,000 a year. A Rat Destruction Bill is being passed through Parliament, and Capt. Arthur Davis, a big game hunter, has been appointed as executive officer under the rats extermination order. He is to organize the campaign against these noisome rodents.

An Historic Vine

The great vine at Hampton Court Palace, London, planted in 1768, is bearing about 400 bunches of Black Hamburg grapes.

Drake's Map

The map belonging to Sir Francis Drake, one of the greatest of Queen Elizabeth's explorers, was sold recently in London. It is a thin, round plate of silver—the eastern hemisphere on one side, the western on the other. Drake had it engraved himself in the Netherlands.

Japanese Peace Stamps

The first peace stamps have been issued by Japan from designs by two celebrated Japanese artists, Okadi and Yuki. In each design there is a dove. They are in four denominations of sen; and in color, brown, green, carmine and blue.

Marshals of the Air

The new rank titles for the Royal Air Force have been announced. The King is Chief of the R.A.F. The next in command, corresponding

with a field marshal in the army, is called Marshal of the Air. Then comes Air Chief Marshal, the same rank as a general; the Air Marshal, lieutenant-general; Air Vice-Marshal, major-general; Air Commodore, brigadier-general. Group Captain corresponds to colonel, Wing Commander to lieutenant-colonel, Squadron Leader to major, Flight Lieutenant to captain, Flying Officer to lieutenant, and Pilot Officer to second lieutenant.

Cost of the War

An official estimate, made by the officials of the State Department attached to the Peace Conference, places the cost of the great war at £40,000,000,000. Of this, Great Britain spent £10,000,000,000. This does not include the value of property destroyed during the war.

Pacific Wireless Service

The United States and Japan are considering the installation of a trans-Pacific wireless service as well as a cable between the two countries. It will require an expenditure of $25,000,000, half of which it is expected will be assumed by a company composed of business men of the two countries.

Great Britain and Persia

A treaty has been concluded between Great Britain and Persia which apparently grants Britain a protectorate over Persia, and so puts an end to the German intrigue which has been going on for twenty years. Great Britain's interest in Persia lies in its nearness to India and the valuable oil concessions by which the British control the output of petroleum in that country. The new railway from Teheran to Kanikin, which it was feared might be financed by Germany, will now be a British-built and British-controlled highway.

Queen Victoria and the Huns

A few of Queen Victoria's unpublished letters have been reprinted by special permission of the King. In 1864, following Russia's attack on Denmark, she wrote: "Her Majesty thinks that Russia at least should be made aware of what she and her Government and every honest man in Europe must think of the gross and unblushing violation of every assurance and pledge that she had given, which Russia has been guilty of."

In 1871 she said of her son-in-law, afterwards Emperor Frederick: "He is so fair and kind and good, and has the intensest horror of Bismarck, says he is no doubt energetic and had driving power, but was bad, unprincipled and all-powerful; he is, in fact, the Emperor. He should not be surprised if Bismarck some day tried to make war on England."

Hospitals and Nurses

QUEBEC

Jeffery Hale's Hospital, Quebec

Miss Frances J. Lewis, recently graduated from the Jeffery Hale's Hospital, has returned to her home at Louisbourg, Cape Breton, where she intends remaining till the New Year.

Miss Una Gale, J.H.H. '12, has accepted a position as school nurse in this city.

Miss Jean Wilson, superintendent of the General Hospital, Moose Jaw, Sask., spent a few days in town visiting friends.

Mrs. Dr. MacIver, J.H.H. '11, was in town for a short time last month.

Miss Rhoda Berry, who has been nursing in New York, spent her vacation at her home in Quebec.

Among our recently returned nursing sisters are Charlotte Kennedy, Quebec; Elsie Walsh, Quebec; Emily Lenfesty, Percy, Quebec.

Sherbrooke

The first meeting for the autumn of the G. N. A. of the Eastern Townships was held at the home of the president, Mrs. MacKinnon, September 18th. It was decided that $5.00 be given to the V. O. N., who are holding a campaign for funds. A tea was also arranged for in honor of Mrs. Gordon, superintendent of the Sherbrooke Hospital, and her assistant, Miss Kennedy, both of whom are leaving the first of October. Nursing Sister M. Ewing, who lately returned from overseas, was made an honorary member of the association. Refreshments were served, and the meeting closed.

Nursing Sister Edna Day, who, before enlisting, was assistant superintendent of the Sherbrooke Hospital, has been visiting her many friends in Sherbrooke. Later she intends taking up work with the S. C. R. in Montreal.

Sisters Dora Jones and Van also visited the city recently, after demobilization.

Miss E. M. Stewart, graduate of the Sherbrooke Hospital, who served overseas, returned recently, and has left for Vancouver, where she intends taking up work with the S. C. R.

Miss Hetherington, secretary of the association, is away on her holidays.

ONTARIO

The following is the programme for the Victoria Hospital Alumnæ Association, London, which meets the first Tuesday in each month: October, address, Dr. Edwin Seaborne; November, social evening; December, address, Dr. Clifford Reason; January, address, Dr. George McNeill; February, address, Dr. J. I. Ferguson; March, address, Rev. D. C. MacGregor; April, Public Health evening; May, business meeting, introduction of graduating class (1920), election of officers; June, picnic at Port Stanley.

TORONTO

In the death of Nursing Sister (Captain) Elizabeth Thomas, of 81 Smith Street, the last of fourteen sisters who went overseas in 1914 in connection with the British Red Cross passed away. She was buried, with full military honors, in Norway Cemetery, from St. Clement's Anglican Church, where Rev. John Bushell conducted the services. Twenty-five members of the Riverdale G. W. V. A. attended, and the firing party consisted of 75 men from the Dragoons and the Garrison Band. Three Florence Nightingale nurses and three Army Sisters were honorary pall-bearers.

* * * *

ALBERTA

The graduating exercises of the Medicine Hat General Hospital Training School, Class 1919, took place at the Nurses' Home June 17th, 1919. The following nurses graduated: Misses Mary Murray, Edith Wales, Joy Reid, Gertrude Girling, Alice Nash, Hazel Moyer, Ruth Peterson and Anna Belcher. The prize-winners were: Miss Gertrude Girling, first prize for highest general proficiency, presented by the board of directors; Miss Joy Reid, second prize for general proficiency, presented by the board of directors. Miss Alice Nash won the special prize for surgery, given by Dr. C. F. Smyth, and Miss Mary Murray won the prize given by the Alberta Graduate Nurses' Association for the best practical work. Miss Gertrude Girling was also the winner of the prize in practical and theoretical nursing, presented by Dr. F. W. Gershaw.

The annual meeting of the Alberta Graduate Nurses' Association will take place in Edmonton, October 20th and 21st.

The members of hospital boards and others interested in hospital work in Alberta have sent invitations to all interested to form a Hospital Association. The first meeting will take place at the University of Alberta, in Edmonton, October 23rd and 24th, and promises to be a great success, and a most valuable asset to the hospital workers in that province.

BRITISH COLUMBIA

The civic luncheon given to H. R. H. the Prince of Wales had among the invited guests all presidents of local associations, which included the Vancouver Graduate Nurses' Association, whose president, Miss Cosae Haskins, R.N., represented the nurses at the function.

Miss Ethel I. Johns, R.N., whose appointment as superintendent of nurses at the Vancouver General Hospital was reported in the last issue, took charge October 1st. She will also have charge of the nursing department at the U. B. C.

Miss Ruth Judge, who has been for many years secretary of the V. G. N. S., and on the executive of the G. N. S. of B. C. since its inception, has gone for a holiday to Kelowna.

Miss M. B. Harvie and Miss J. E. Galbraith have gone to Kelowna to join the nursing staff at the Tranquille Sanatorium.

Wednesday evening, October 1st, the Vancouver Graduate Nurses' Association held their regular meeting at the "T" rooms. After a short business session Rev. Father O'Boyle gave an extremely interesting and helpful address on the "Ministry of Healing," which was listened to with a great deal of pleasure by an unusually large attendance. Another pleasing feature of the evening was a presentation by the president, Miss Cosae Haskins, on behalf of the association, of a fountain pen, as a small token of their appreciation of past services, to Miss Ruth Judge, the secretary. Miss Judge is leaving shortly to spend the winter months in the Okanagan Valley. A social cup of tea was enjoyed by all present.

BIRTHS

ORR—To Dr. and Mrs. Orr (Miss Lena Anderson, Montreal General Hospital), at the Montreal Maternity Hospital, in August, a son.

MARRIAGES

WALLACE-WRIGHT—In Vancouver, B. C., on September 12th, 1919, by the Rev. Dr. J. Knox Wright, father of the bride, Edith Helen Wright, graduate of the Vancouver General Hospital, to Mr. Bryce H. Wallace.

GORHAM-BAIN—At St. Andrew's Church, Quebec, P. Q., May 15th, 1919, Miss Margaret Bain, of Bridgewater, N. S., graduate of Jeffery Hale's Hospital, Quebec, Class 1917, to Mr. Cyrille Hebert Gorham.

GOOD-HUMPHREYS—At Quebec, P. Q., June 21st, 1919, Miss Gladys Humphreys (Jeffery Hale's Hospital, Class 1917) to Mr. A. Good, of England.

NAYLOR-BUFTON—In North Vancouver, B. C., July 17th, 1919, by the Rev. J. Hooper, Annie Louise Bufton, graduate Lady Stanley Institute, Ottawa, Class '03, to Mr. Richard Naylor.

WRIGHT-STENT—Recently, at the First Baptist Church, Brandon, Man., by the Rev. M. L. Orchard, assisted by the Rev. Britton Ross, of Winnipeg, Ruby Stent, daughter of Mr. and Mrs. F. J. Stent, of Carlyle, Sask., graduate of the Brandon General Hospital, to Rev. Tilton Wright, of Winnipeg, Man.

MILLER-CLARK—On September 10th, 1919, Irene Clark, graduate of the Vancouver General Hospital, to Mr. Esle Miller, of Vancouver, B. C.

TAYLOR-JONES—On Thursday, September 25th, 1919, in Vancouver, B. C., by the Rev. M. H. Jackson, at Christ Church, Nursing Sister Annie E. Jones to Lieut. Thomas Taylor, of the Australian Imperial Force, Third Tunnelling Company. Mr. and Mrs. Taylor intend leaving for Australia early in October.

Rabbi Ben Ezra

BY ROBERT BROWNING

Grow old along with me,
The best is yet to be,
The last of life, for which the first was made;
Our times are in His hand,
Who saith: "A whole I planned,
Youth shows but half; trust God: see all, nor be afraid."
Then welcome each rebuff
That turns earth's smoothness rough,
Each sting that bids nor sit nor stand but go;
Be our joys three-parts pain,
Strive, and hold cheap the strain;
Learn, nor account the pang; dare, never grudge the throe.
For thence—a paradox
Which comforts while it mocks—
Shall life succeed in that it seems to fail:
What I aspired to be,
And was not, comforts me:
A brute I might have been, but would not sink in the scale.
What is he but a brute
Whose flesh has soul to suit,
Whose spirit works lest arms and legs want to play?
To man, propose this test—
Thy body at its best—
How far can that project thy soul on its lone way?
Yet gifts should prove their use:
I own the Past, profuse
Of power each side, perfection every turn:

Eyes, ears took in their dole,
Brain treasured up the whole;
Should not the heart beat once, "How good to live and learn?"
Thoughts hardly to be packed
Into a narrow act,
Fancies that broke through language and escaped;
All I could never be,
All, men ignored in me,
This I was worth to God, whose wheel the pitcher shaped.
He fixed thee 'mid this dance
Of plastic circumstance;
This Present, thou, forsooth, wouldst fain arrest:
Machinery just meant
To give thy soul its bent,
Try thee and turn thee forth, sufficiently impressed.
To take and use Thy work:
Amend what flaws may lurk,
What strain o' the stuff, what warpings past the aim;
My times be in Thy hand,
Perfect the cup as planned,
Let age approve of youth, and death complete the same.

FROM A LITTLE HOUSE

By Mary Stewart Cutting

I live in a little house
But the door can open wide—
I live in a little house,
But the whole round world's outside!

The light marches in with the morning,
The stars creep down at night,
The high rain treads on my door-step,
The far winds call on their flight,

And the Spring comes in as a lover,
When Winter's feet depart;
And O the voices and voices
That reach the door of my heart!

I live in a little house
But the door can open wide—
I live in a little house,
But the whole round world's outside!

—*Everybody's Magazine.*

CLASSIFIED ADVERTISING

HOME FOR NURSES

Graduate Nurses wishing to do private duty will find at Miss Ryan's Home for Graduate Nurses (connected with one of the largest private sanatoriums in the city) a splendid opportunity to become acquainted and established in their profession. Address 106 West 61st Street, New York City. Phone: Columbus 7780 7781.

NURSING BOOKS

Technical Books—If there is any book on nursing you want, write us and we will try to get it for you—The Canadian Nurse, 302 Fifteenth Avenue, East Burnaby, B. C.

PROBATIONER NURSES WANTED

FOR the General Hospital, Medicine Hat, Alberta, in order to increase staff to provide for new wing and the establishment of the eight-hour system of duty. Full general course of three years' instruction given. Graduates eligible for registration. Commodious separate residence for students.

Hospital of 150 beds.

WHAT DO YOU WANT?

We can buy anything for any nurse anywhere.
No charge for service.
No commission too large; none too small.
A convenience for the out-of-town nurse.
Shopping done by experts.
Puts the New York market in your fountain pen.

Nurses' Shopping Bureau

123 LIBERTY ST. NEW YORK CITY

It is easy in the world to live after the world's opinion; it is easy in solitude to live after our own. But the great man is he who, in the midst of the crowd, keeps with perfect sweetness the independence of solitude.—EMERSON.

School of Massage

The Toronto Orthopedic Hospital

FOUNDED 1899

Only School in Canada. Weir-Mitchell System. Swedish Movements.
Lectures in Anatomy and Physiology. Male and Female Pupils accepted.

Terms on application to Superintendent,

100 Bloor Street West **Toronto, Ont.**

Telephone, Queen 1057

Oculists' Rx Our Specialty

Factory on Premises

Sutherland & Parkins

Prescription Opticians

All Work Guaranteed

129 Sparks Street - - Ottawa, Ont.

THE

Graduate Nurses' Registry and Club

Phone Seymour 5834
Day and Night

Registrar—Miss Archibald

779 Bute St., Vancouver, B.C.

DO YOU WANT A HOSPITAL POSITION

If you are interested in securing a good paying hospital position anywhere in the world, send for your beautiful free book—

'Finding the Nurse— Finding the Position."

Write for yours this minute. It tells you how we furnish Graduate Nurses with Hospital positions everywhere.

Aznoe's

Central Registry for Nurses
30 North Michigan Avenue
CHICAGO
Established 1896
Largest Nurse Registry in the World

DIX-MAKE
No. 400
Exceptionally well-made Uniform of snow-white Dixie Cloth

DIX-MAKE UNIFORMS

Not only the perfection of the uniform itself, but the perfect conditions under which it is made, account for the superiority of Dix-Make Uniforms.

This quality, attained by the selection of the best materials and the skilled workmanship of interested employees, has met with the official recognition and approval of the War Department at Washington, and for 23 years has been tested and appreciated by particular nurses.

Look for the Dix-Make label. It represents quality.

For sale at the leading department stores.

Catalogue "B" sent upon request, together with list of dealers.

HENRY A. DIX & SONS CO.
Dix Building New York, U.S.A.

Bronchial Affections
Quinsy - Pharyngitis - Laryngitis
La Grippe

become more prevalent with the advent of the Fall and Winter seasons and the physician of wide experience recalls the important role Antiphlogistine plays in these diseases.

Antiphlogistine
TRADE MARK

applied thick and hot over the throat and upper chest, not only gives almost instant comfort to the patient, but begins promptly to reduce and relieve the inflammatory process in the larnyx and bronchi.

Antiphlogistine is prescribed by physicians all over the world.

THE
DENVER
CHEMICAL
MFG. CO.
MONTRÉAL

Laboratories:
LONDON
NEW YORK
PARIS
SYDNEY

THE NEW BRUNSWICK ASSOCIATION OF GRADUATE NURSES

President, Miss Margaret Murdoch, G.P.H., St. John; First Vice-President, Miss Ada Burns, St. John; Second Vice-President, Miss M. McMullen, St. Stephen; Third Vice-President, Miss A. Whyte, Doaktown; Fourth Vice-President, Mrs. W. S. Jones, Albert; Fifth Vice-President, Mrs. M. D. Richards, Fredericton; Corresponding Secretary, Mrs. D. C. Malcolm, St. John; Recording Secretary, Mrs. G. L. Dunlop, St. John; Treasurer, Miss E. J. Mitchell, St. John; Miss Kate Holt, St. John; Miss S. E. Brophy, St. John; Miss Maltby, Newcastle.

THE ALUMNÆ ASSOCIATION OF THE WOMEN'S HOSPITAL, MONTREAL

Hon. President, Miss E. F. Trench, Superintendent of Nurses, Women's Hospital; President, Mrs. A. Chisholm, 26 Lorne Avenue; Vice-President, Miss H. A. I. Wyman, 305 MacKay Street; Secretary-Treasurer, Miss J. E. Smithers, Women's Hospital.

Conveners of Committees—Finance, Miss E. F. French; Social, Miss H. A. T. Wyman; Sick Visiting, Miss Seguin.

Representative to the "Canadian Nurse"—Miss H. A. T. Wyman.

Regular Monthly Meeting—Third Tuesday, 8 p.m.

THE ALUMNÆ ASSOCIATION OF THE CHILDREN'S MEMORIAL HOSPITAL TRAINING SCHOOL FOR NURSES, MONTREAL

Hon. President, Miss J. Giffen, Lady Supt., C. M. H.; President, Miss M. Wight, C. M. H.; Vice-President, Miss C. MacDonald; Treasurer, Mrs. Walcott, 47 Notre Dame St., Lachine; Secretary, Miss E. G. Alexander, C. M. A.

Board of Directors—Miss Stafford, Miss M. Armour.

"Canadian Nurse" Representative—Miss E. Morris.

Regular meeting, 1st Friday of every second month, from May to June, 4 p. m.

THE ALUMNÆ ASSOCIATION OF THE ROYAL VICTORIA HOSPITAL, MONTREAL, QUE.

President, Miss Goodhue; First Vice-President, Miss Amelia Campbell; Second Vice-President, Miss Prescott; Recording Secretary, Mrs. E. Roberts, 438 Mt. Stephen Avenue, Westmount; Corresponding Secretary, Miss Prescott, Royal Victoria Hospital, Montreal; Assistant Corresponding Secretaries, Misses Buck and Karn, R.V.H.; Treasurer, Miss M. Etter, R.V.H.; "Canadian Nurse" Representative, Miss L. O'Reilly, R.V.H.

Sick Visiting Committee—Mrs. M. J. Bremner (Convener), 39 Linton Apartments, Sherbrook Street West; Mrs. Paul Johnston, 17 Hope Avenue; Mrs. Walter Stewart, 449 Sherbrooke Street West; Miss Whelan, 308 Drummond Street; Miss Gall, 100 Fort Street; Miss Eaton, 464 Union Avenue.

Regular monthly meeting second Wednesday, 8 p.m.

THE ALUMNAE ASSOCIATION OF THE WESTERN HOSPITAL, MONTREAL

Hon. President, Miss J. Craig; President, Miss Ada Wilkinson; First Vice-President, Mrs. H. F. McLean; Second Vice-President, Miss S. G. Maw; Treasurer, Miss J. Craig, Western Hospital, Montreal, Que.; Secretary, Miss B. A. Dyer, Western Hospital, Montreal, Que.

Convener of Finance Committee—Mrs. Wm. Daw.

Convener of Programme Committee—Miss Phillis Dean.

Convener of Membership and Visiting Committee—Miss Edna Payne.

Convener of General Nursing Committee—Miss B. A. Birch.

Representative to "Canadian Nurse"—Miss E. Wright.

THE ALUMNAE ASSOCIATION OF THE MONTREAL GENERAL HOSPITAL, MONTREAL

Hon. President, Miss Livingston; President, Miss E. Brown; Vice-President, Miss Strumm; Second Vice-President, Miss Cowans; Recording Secretary, Miss Davies, M.G.H.; Corresponding Secretary, Mrs. Clayton, 23 St. Luke Street, Montreal, Que.; Treasurer, Miss Jamieson, 975 Tupper Street, Montreal, Que.; Sick Benefit Fund Treasurer, Miss Dunlop.

Sick Visiting and Flower Committee—Miss Stewart, Miss Dunlop, Miss Vipond and Miss Brock.

Committee—Miss Ketchen, Miss McNutt, Miss M. Gray, Miss Moffatt and Miss Tedford.

Refreshment Committee—Mrs. Dunwoody.

Representatives to the Local Council of Women—Mrs. Lamb, Miss Howard, Miss Ketchen and Miss Briggs.

Representative to "Canadian Nurse"—Miss A. Doré, 33 St. Famille Street, Montreal, Que. Regular Meeting—Second Friday.

THE ALUMNAE ASSOCIATION OF THE HOMEOPATHIC HOSPITAL. MONTREAL, QUE.

Hon. President, Mrs. H. Pollock, Superintendent of Nurses' Homeopathic Hospital; President, Miss E. Routhier, 4 Oldfield Avenue; Vice-President, Miss J. Ryan, 306 Prince Arthur Street, West; Secretary, Miss D. W. Miller Treasurer, Miss M. J. Boa, Homeopathic Hospital.

Conveners of Committees—Finance, D. W. Miller; Sick Visiting, Misses Buchanan and Garrick.

Representative to the "Canadian Nurse"—Miss M. Richards, Mansfield Street.

Regular monthly meeting first Thursday at 8 p.m.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO INCORPORATED 1908

President, Miss Ella Jamieson, 5 Summerhill Gardens, Toronto; First Vice-President, Miss K. Mathieson, Riverdale Hospital, Toronto; Second Vice-President, Miss Florence Potts, Hospital for Sick Children, Toronto; Secretary-Treasurer, Miss Mary Irene Foy, 163 Concord Avenue, Toronto.

Directors—Miss E. MacP. Dickson, Miss Hannah, Miss J. E. Bigler, Miss I. McElroy, Miss Whiting, Miss G. Rowan, Miss B. Ellis, Miss Reynolds, Miss Cook, Miss Walper, Miss J. Londeau, Miss E. H. Dyke, Miss C. Fairlie, Miss M. Brennan, Mrs. A. C. Joseph, Miss M. Hall, Miss M. Catton.

THE KINGSTON CHAPTER OF THE GRADUATE NURSES' ASSOCIATION OF ONTARIO

Chairman, Mrs. S. Crawford, 124 Division Street; Vice-Chairman, Miss Pearl Martin, 135 Nelson Street; Secretary-Treasurer, Miss Gertrude Murdock. Kingston General Hospital; Assistant Secretary-Treasurer, Mrs. F. Robinson, 302 Queen Street; Corresponding Secretary, Miss H. Lovick. 154 University Avenue.

Regular Meeting—First Tuesday of every second month.

ALUMNI ASSOCIATION OF BRANTFORD CITY HOSPITAL TRAINING SCHOOL

Honorary President, Miss M. Forde, Superintendent Brantford City Hospital; President, Miss M. C. Hall; Vice-President, Miss M. McCulloch; Secretary, Miss C. P. Robinson; Treasurer, Miss D. Taylor.

Representative "The Canadian Nurse"—Miss M. Dowdall.

Regular meeting second Tuesday of each month, 4 p.m.

KINGSTON GENERAL HOSPITAL ALUMNAE ASSOCIATION KINGSTON, ONT.

Hon. President, Miss C. Boskill; President, Miss Pearl Martin, 135 Nelson Street, Kingston, Ont.; First Vice-President, Mrs. George Nichol; Second Vice-President, Miss Baker; Secretary, Miss C. Milton, 404 Brock Street, Kingston; Assistant Secretary, Mrs. S. Smith; Treasurer, Miss Florence Hiscock, 122 Collingwood Street, Kingston.

"Canadian Nurse" Representative—Miss Eva Dalgleish, 30 Garrett Street.

THE ALUMNAE ASSOCIATION OF THE WELLESLEY HOSPITAL TRAINING SCHOOL FOR NURSES, TORONTO

President, Miss Hazel MacInnis; Vice-President, Miss Marjorie Batchelor; Secretary-Treasurer, Miss Helen McCord, 14 Victor Ave., Toronto, telephone, Gerrard, 1210. Representatives to the Central Register, Misses Helen Carruthers and Mary Morrison.

OFFICERS OF THE TORONTO GENERAL HOSPITAL ALUMNAE ASSOCIATION FOR 1917-1918

President, Miss E. H. Purdy; First Vice-President, Miss W. O'Donnell; Second Vice-President, Miss Mary Stirrett; Recording Secretary, Miss Merle Mitchell; Corresponding Secretary, Miss Florence Hill, 97 Durie St., Toronto; Treasurer, Mrs. Dewey, Social Service Department, Toronto General Hospital, Toronto.

Directors—Misses Edith Dixon, Annie Dove, Elsie Hickey.

Central Registry Representatives—Misses Eva Tupling and Edith Dynes.

The Association meets in the Nurses' Residence the first Wednesday in October; then the first Wednesday of each alternate month for the season.

THE ALUMNÆ ASSOCIATION OF THE TORONTO HOSPITAL FOR INCURABLES

Honoary President, Mrs. A. A. Jackson, 338 Symington Avenue, Toronto; President, Miss Esther M. Cook, Toronto Hospital for Incurables; Vice-President, Miss Eva LeQueyer; Secretary-Treasurer, Miss Alice Lendrum, Hamilton; Press Representative, Miss J. McLean, 281 Sherbourne Street, Toronto.

Regular Meeting—Third Monday, at 3 p.m.

THE FLORENCE NIGHTINGALE ASSOCIATION OF TORONTO

President, Miss A. S. Kinder, Hospital for Sick Children; Vice-President, Miss Didsbury; Secretary, Miss Jean C. Wardell, 290½ Dundas Street; Treasurer, Mrs. J. W. Wigham, 1299 Bloor Street West.

Representative to Central Registry—Misses Didsbury and Keith.

Sick Visitor—Miss Nash.

"Canadian Nurse" Representative—Miss J. L. Edgar, Hospital for Sick Children.

Board of Directors—Misses Rennie, Nash, Lowther, Millan, Limcar, Wilson, Keith, and Edgar.

Regular meetings, first Tuesday of every second month.

THE ALUMNAE ASSOCIATION OF ST. MICHAEL'S HOSPITAL, TORONTO

Hon. President—Rev. Mother Alberta; President, Miss Mary Irene Foy, 163 Concord Avenue; First Vice-President, Miss A. Dolan; Second Vice-President, Miss K. Kennedy; Third Vice-President, Miss Helen G. O'Connor; Corresponding Secretary, Mrs. J. W. Chipperfield, 127 Spruce Hill Road; Recording Secretary, Miss C. McBride; Treasurer, Miss N. Gartlan.

Board of Directors—Hon. Director, Sr. M. Mellany.

Directors—Mrs. W. P. O'Brien, Miss Edith Atmore, Miss Mabel Power.
Representatives on Central Registry Committee—Miss J. O'Connor.
Secretary-Treasurer Sick Benefit—Miss A. Hurley.
Press Representative—Miss J. Gibson.
Regular Meeting—Second Monday of each month.

THE TORONTO WESTERN HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss Ellis; President, Mrs. Gilroy, 404 Spadina Avenue, Toronto; First Vice-President, Miss Anderson; Second Vice-President, Miss Boggs; Treasurer, Miss Shortreed, Toronto Western Hospital; Recording Secretary, Miss Annan; Corresponding Secretary, Miss Ewart, 22 Henderson Avenue, Toronto; Representative to Canadian Nurse (articles), Miss Jessie Cooper, 497-a Bloor Street, Toronto; Subscriptions, Miss Margaret Campbell, 91 Beatrice Street, Toronto.

Representatives Central Registry—Miss Cooney, Miss Kneeshaw, Miss B. Campbell.
Visiting Committee—Mrs. Yorke, Mrs. MacConnell.
Programme Committee—Miss S. Jackson, Convener.
Knitting Committee—Miss Hornsby, Convener, 691 Spadina Avenue.
Directors—Mrs. MacConnell, Mrs. Yorke, Mrs. Valentine, Mrs. Weehaufer.
Treasurer Alumnae War Fund—Mrs. Valentine, 55 Lakeview Avenue, Toronto.
The Association meets First Friday each alternate month.

THE ALUMNAE ASSOCIATION, HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO

President, Miss E. Jamieson, 5 Summerhill Gardens, Toronto; First Vice-President, Mrs. Hill; Second Vice-President, Miss McKay; Recording Secretary, Miss Burwash; Corresponding Secretary, Miss Dingwall; Treasurer, Miss E. Cameron, H.S.C.; Representatives Central Registry, Miss Sarah Barnhardt, Miss Jenny Hill; "Canadian Nurse" Representative, Miss Farquharson, H.S.C.; Sick Visiting Committee, Miss Gray, Miss Miller, Miss Morrin C. Stair.

THE ALUMNAE ASSOCIATION OF GRACE HOSPITAL, TORONTO

Hon. President, Miss Rowan, Superintendent of Nurses, Grace Hospital; President, Miss M. E. Henderson; First Vice-President, Miss C. E. DeVellin; Second Vice-President, Miss F. C. Whellans; Treasurer, Mrs. J. M. Aitken, 409 West Marion Street, Toronto, Ont.; Corresponding Secretary, Miss M. McKinnon, 310 Huron Street, Toronto, Ont.; Recording Secretary, Miss F. Emory, 26 Algonquin Avenue, Toronto.

Representative to the "Canadian Nurse"—Miss M. Greer.

Conveners of Commitees—Social: Miss Etta McPherson; Press and Publication: Miss L. Smith; Sick: Miss C. Cunningham.

Board of Directors—Misses Rowan, McKeon, Lindsay, Peraen, Lonsborough and Greer.

Regular Meeting—Second Tuesday, 8 p.m.

THE ALUMNAE ASSOCIATION, TORONTO FREE HOSPITAL TRAINING SCHOOL FOR NURSES, WESTON, ONT.

Hon. President, Miss E. MacP. Dickson, Superintendent of Nurses, Toronto Free Hospital, Weston; President, Miss Frances Dean, 103 Baldwin Street, Toronto, Ont.; Vice-President, Miss Ursule Leroux, 51 Herbert Avenue, Toronto, Ont.; Secretary, Miss Rena L. Selby, Toronto Free Hospital, Weston; Treasurer, Miss C. Beckwith, Toronto Free Hospital, Weston; Press Representative, Miss E. Hawkins, Toronto Free Hospital.

Regular Meeting—First Friday in each month.

THE ALUMNAE ASSOCIATION OF THE TORONTO ORTHOPEDIC HOSPITAL TRAINING SCHOOL FOR NURSES

Hon. President, Miss E. MacLean, Toronto Orthopedic Hospital; President, Mrs. A. W. McClennan, 436 Palmerston Boulevard; Vice-President, Mrs. W. E. Ogden, 9 Spadina Road; Secretary-Treasurer, Mrs. W. J. Smither, 71 Grenville Street; Press Representative, Mrs. W. J. Smither.

Representatives to Central Registry—Mrs. A. W. McClennan and Mrs. W. J. Smither.

Regular Meeting—Fourth Thursday of each alternate month at 3 p.m.

THE ALUMNAE ASSOCIATION OF ST. JOSEPH'S HOSPITAL, GUELPH, ONT.

Hon. President, Mother M. Thecla; Hon. Director, Sister M. Dosetheus; President, Miss M. O'Sullivan; Vice-President, Miss R. Henry; Secretary, Miss U. O'Sullivan; Treasurer, Miss A. Boyd.

Officers for Sick Benefit Fund: President, Miss M. Burke; Vice-President, Mrs. Hanlon; Secretary, Miss B. Bracy; Treasurer, Miss I. Forwell; Directors, Misses McQuillan, Burns, Spitzig, Holmes.

Regular Meeting—First Friday of each month.

THE ALUMNAE ASSOCIATION OF ST. JOSEPH'S HOSPITAL, HAMILTON

Hon. President, Mother M. St. Basil; Hon. Director, Sister M. Gerard; President, Miss G. Boyes, 17 East Avenue, South; Vice-President, Miss M. Maloney; Recording Secretary, Miss E. Dermody, 157 Catharine Street; Corresponding Secretary, Miss E. McClarty, 92 Hunter Street, West; Treasurer, Miss A. Brohman, 92 Hunter Street, West.

"The Canadian Nurse" Representative—Miss M. Nally, 213 Cannon Street, East.

Representative on Central Registry—Miss M. Grant.

Entertainment Committee—Misses L. Furey, M. McClarty and M. La Hoff.

Executive Committee—Misses H. Fagan, E. Cahill, H. Carroll, N. Finn and F. Clarke.

Sick Visiting Committee—Misses H. Carroll and F. Clarke.

Regular Meeting—First Tuesday, 4 p.m.

THE ALUMNAE ASSOCIATION, RIVERDALE HOSPITAL, TORONTO

President, Miss Golay, 142 Ellsworth Avenue; Vice-President, Miss McNeill, 82 Gloucester Street; Secretary, Miss Alice Kirk, Riverdale Hospital; Treasurer, Miss Frances Schoales, 3 Withrow Avenue. Executive Committee, Misses Jessie Naives and Elizabeth Miller; Conveners of Committees, Miss Love, Sick and Visiting; Miss Honey, Programme.

Representatives on Central Registry—Misses Goloy and Maude Thompson.

Representative on "Canadian Nurse"—Norine V. Schoales.

Regular Meeting—First Thursday every second month, 8 p.m.

THE ALUMNAE ASSOCIATION OF THE HAMILTON CITY HOSPITAL TRAINING SCHOOL FOR NURSES

President, Miss Burnett, 131 Stinson Street; Vice-President, Miss Ida Ainslie, Dominion Apartments; Secretary, Mrs. G. H. Obrien, 170 Catharine Street, North; Treasurer, Miss Bridgeman, Hamilton City Hospital; Corresponding Secretary, Miss Barclay, 137 Catherine Street, N., Hamilton, Ont.

Executive Committee—Miss Taylor, Mrs. Jarvis, Miss Peach, Miss Forman, Miss Norsworthy.

Sick Committee—Miss A. P. Kerr, Miss Mabel Dunlop, Mrs. Reynolds and Miss Burnett.

Representative to the National Council of Women—Miss Taylor.

"Canadian Nurse" Correspondent—Miss A. P. Kerr, 176 West Avenue, North.

ALUMNAE ASSOCIATION OF THE MACK TRAINING SCHOOL, GENERAL AND MARINE HOSPITAL, ST. CATHARINES, ONT.

Hon. President, Miss Uren, G. M. Hospital, St. Catharines, Ont.; President, Mrs. Parnell; First Vice-President, Miss McCormack; Second Vice-President, Mrs. Dunn; Secretary, Miss MacLeod; Treasurer, Mrs. L. Durham.

Correspondent to "Canadian Nurse"—Miss MacLeod.

Programme Committee—Miss McCormack, Miss Nesbit, Mrs. Dunn, Mrs. Hallett.

THE ALUMNAE ASSOCIATION OF THE AMASA WOOD HOSPITAL TRAINING SCHOOL FOR NURSES, ST. THOMAS, ONTARIO

President, Miss Mary E. Stuart, Amasa Wood Hospital; Vice-President, Miss Mamie Palmer, 91 Scott Street; Recording and Corresponding Secretary, Miss Susie Dickbout, Amasa Wood Hospital; Treasurer, Miss Mary Otis, 26 Hiawatha Street; Executive Committee, Misses Wardell, Malcolm, Anderson, Brunk and Ewing; Representative to the "Canadian Nurse," Miss Hazel Hastings.

Regular Meeting—Second Wednesday, 8 p.m.

THE ALUMNAE ASSOCIATION OF VICTORIA HOSPITAL TRAINING SCHOOL FOR NURSES, LONDON, ONTARIO

President, Mrs. Alex. C. Joseph, 499 Oxford Street; Secretary, Miss Ada N. Nash, 34 Stanley Street; Treasurer, Mrs. Walter Cummins, 95 High Street.

Advisory Committee—Misses Houson, Gibson and Cockburn.

Programme Committee—Misses Mortimer, Veole and Molloch.

Representative of "Canadian Nurse"—Miss L. Veale.

Meetings—First Tuesday in each month.

THE ALUMNAE ASSOCIATION OF THE WOODSTOCK GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES

Hon. President, Miss Frances Sharp; President, Miss M. G. Mackay, R.N., Woodstock General Hospital; Vice-President, Mrs. Coleridge; Recording Secretary, Miss Gladys Mills; Assistant Secretary, Miss Annie McLean; Treasurer, Miss Evelyn Piers; Assistant Treasurer, Miss Grace Wooley; Corresponding Secretary, Miss Agnes Weston, Hamerford, Ont.

THE ALUMNAE ASSOCIATION OF ST. BONIFACE HOSPITAL, ST. BONIFACE, MANITOBA

Hon. President, Rev. Sister Wagner, St. Boniface Hospital; President, Miss Maude Wannacott, 536 Greenwood Place; First Vice-President, Miss A. C. Starr, 753 Wolseley Avenue; Second Vice-President, Miss S. McLelland, 753 Wolseley Avenue; Secretary, Miss C. Maddin, 98 Lipton Street; Treasurer, Miss Carson, 74 Langside Street.

Convenors of Committees—

Executive—Miss Chisholm, 753 Wolseley Avenue.

Social—Miss Starr, 753 Wolseley Avenue.

Sick Visiting—Mrs. Montgomery, 196 Kennedy Street.

Red Cross—Mrs. Hall, 237 Morley Avenue.

Regular Monthly Meeting, second Wednesday at 3 p.m.

MANITOBA ASSOCIATION OF GRADUATE NURSES

President, Miss Elizabeth Carruthers; First Vice-President, Miss A. E. Gilroy; Second Vice-President, ——; Third Vice-President, ——; Corresponding Secretary, Miss Louise Spratt, Bureau of Child Hygiene, Winnipeg; Recording Secretary, Miss M. F. Gray, suite 8, Eleanora Apartments, McDermott Street, Winnipeg; Treasurer, Miss Florence Robertson, 123 Langside Street, Winnipeg.

THE GRADUATE NURSES' ASSOCIATION OF BRANDON

Hon. President, Miss Birtles, Brandon General Hospital; President, Miss Margaret Gemmill, 346 Twelfth Street, Brandon; Vice-President, Miss C. McLeod; Secretary-Treasurer, Miss Ada Pike, 248 Fourteenth Street, Brandon, Man.

"Canadian Nurse" Representative—Miss Hulbert.

Convener Registry and Eligibility Committee—Miss Christina McLeod.

Convener Social Committee—Miss Kid, 442 Eighth Street.

SASKATCHEWAN REGISTERED NURSES' ASSOCIATION

Incorporated March, 1917

Council—President, Matron Jean Urquhart, Reg. N., Saskatchewan Military Hospital, Moose Jaw, Sask.; Vice-President, Miss Granger Campbell, Reg. N., Superintendent City Hospital, Saskatoon, Sask. Councillors—Miss Jean Browne, Reg. N., Director of Public Hygiene, Regina, Sask.; Mrs. Feeney, Reg. N., School Nurse, Moosomin, Sask.; Dr. A. Charlton, Bacteriological Laboratory, Regina, Sask.; Dr. A. W. Argue, Grenfell, Sask.; Secretary-Treasurer and Registrar, Miss Jean Wilson, Reg. N., Superintendent, General Hospital, Moose Jaw, Sask.; **Canadian Nurse** Representative, Miss Anna Jackson, Reg. N., General Hospital, Moose Jaw, Sask.

ALBERTA ASSOCIATION OF GRADUATE NURSES

Incorporated April 19, 1916

President, Miss Victoria I. Winslow, R.N., Superintendent of Nurses, General Hospital, Medicine Hat; First Vice-President, Miss Christine Smith, R.N., Superintendent of Provincial Public Health Nurses, Edmonton; Second Vice-President, Miss L. M. Edy, R.N., Superintendent of Nurses, General Hospital, Calgary; Secretary-Treasurer and Registrar, Miss Eleanor McPhedran, R.N., Col. Belcher Military Hospital, Eighth Avenue, West, Calgary.

Councillors—Mrs. Manson, R.N., Miss McMillan, R.N., Miss E. Rutherford, R.N.

THE EDMONTON GRADUATE NURSES' ASSOCIATION

President, Nursing Sister Manson; First Vice-President, Mrs. N. Edwards; Second Vice-President, Miss Bean; Recording Secretary, Miss Sproule; Corresponding Secretary, Miss Hunter, 8612—104th Street, Edmonton, Alberta; Treasurer, Nursing Sister Martin.

Regular Monthly Meeting—Third Wednesday, 3.30 p. m.

OFFICERS OF THE GRADUATE NURSES' ASSOCIATION OF BRITISH COLUMBIA

President, Miss Jessie MacKenzie; First Vice-President, Mrs. M. E. Johnston; Second Vice-President, Miss Ostrom; Secretary, Miss E. G. Breeze, 1063 Balfour Avenue, Vancouver, B.C.; Registrar, Miss Helen Randal, 125 Vancouver Block, Vancouver, B.C.

Councillors—Misses Tolmie, Boultbee, Sinclair, Stott, McAllister and Judge.

When it's up to the Nurse

to support her patient's strength, counteract debility, improve the blood, and raise the power of resistance,

BOVININE

will be found serviceable and reliable, because it is at the same time a food tonic and a blood-builder.

BOVININE is rich in protein, in tissue-building material.

BOVININE supplies iron needed to supply hemoglobin.

BOVININE stimulates appetite and helps to smooth and shorten the road to health.

Samples and literature to Nurses on request.

THE BOVININE COMPANY, 75 West Houston St., New York

School of Physical Education

McGILL UNIVERSITY
(8th Session)

Theory and Practice of Educational Gymnastics (Swedish, including Dancing and Games), Massage, Medical and Orthopædic Gymnastics, Physiology, Anatomy, Hygiene, Anthropometry, etc.; Electro-Therapy, Mechano-Therapy.

The course in Massage, which can be taken separately, covers a period of six months. Excellent clinical experience at the Montreal General Hospital. Train now and be prepared to help in the treatment of returned soldiers.

Apply to the Secretary, School of Physical Education, Royal Victoria College, McGill University, Montreal, P.Q .

WEDDING CAKES
A SPECIALTY

COLES

Caterer and Manufacturing Confectioner

719 Yonge Street, Toronto

The Neurological Institute of New York

offers a six months' Post Graduate Course to Nurses. Thorough practical and theoretical instruction will be given in the conduct of nervous diseases, especially in the application of water, heat, light, electricity, suggestion and re-education as curative measures.

$20.00 a month will be paid, together with board, lodging and laundry. Application to be made to Miss G. M. Dwyer, R.N., Supervisor of Nurses, 149 East 67th St., New York City.

Jaeger

Should Be Worn By Ladies

Constitutionally women are much more delicately constructed than men, and their bodies being of a much finer texture, are more susceptible to weather changes. Jaeger Pure Wool Underwear affords complete protection in all weather and at all seasons.

A fully illustrated catalogue free on application.

For sale at Jaeger Stores and Agencies throughout Canada.

DR. JAEGER Sanitary Woollen System **CO. LIMITED**

Toronto Montreal Winnipeg

British "founded 1883". 3

We can make **SPECIAL FORMS** exactly duplicating any hand.

Can put name on any gloves so that it will not sterilize off. Insure to your own use the gloves you pay for.

Specialists in the manufacture of **SEAMLESS RUBBER GOODS** of every description

The only makers of **SEAMLESS RUBBER GLOVES** in Canada

Sterling Rubber Company Limited

Guelph, Ontario

The Nurse, Like the Doctor,

must maintain personal efficiency in order to supply professional service effectually. As an enemy to efficiency, constipation spares neither nurse, doctor nor patient. The nurse needs to know **Nujol.**

Nujol overcomes constipation, not by drug, but by mechanical action. It is non-absorbable and not digestible.

Nujol softens and moistens bowel contents, lubricates, facilitates peristalsis, absorbs toxic substances.

Nujol trains the bowels to act naturally, regularly and thoroughly instead of forcing a movement, as do purgative, laxative or cathartic drugs or nostrums.

Nujol is pure, palatable, pleasant, reliable and *safe.*

Samples to Nurses on request.

Authoritative literature dealing with the general and special uses of **Nujol** has been prepared especially for the nurse—**"On a Case," "As The Twig is Bent"** (constipation in children) **"The Days that Go Before"** (constipation in pregnancy and nursing period) **"As Shadows Lengthen"** (constipation in old age).

Nujol Laboratories, STANDARD OIL CO. (NEW JERSEY) 50 Broadway, New York

Obstetric Nursing

THE CHICAGO LYING-IN HOSPITAL offers a four-months' post-graduate course in obstetric nursing to graduates of accredited training schools connected with general hospitals, giving not less than two years' training.

The course comprises practical and didactic work in the hospital and practical work in the Out Department connected with it. On the satisfactory completion of the service a certificate is given the nurse.

Board, room and laundry are furnished and an allowance of $10.00 per month to cover incidental expense.

Affiliations with accredited Training Schools are desired, as follows:

A four-months' course to be given to pupils of accredited training schools associated with general hospitals.

Only pupils who have completed their surgical training can be accepted.

Pupil nurses receive board, room and laundry and an allowance of $5.00 per month.

ADDRESS:

Chicago Lying-in Hospital and Dispensary

426 East 51st Street, CHICAGO

Pennsylvania Orthopaedic Hospital and School of Mechano-Therapy (Incorporated)

1709-1711 GREEN STREET, PHILADELPHIA, Pa.

STUDY PHYSIO-THERAPY

The only form of "Drugless Therapy" used and recognized by the Government.

Thorough course, including Swedish System of Massage, Corrective and Medical Gymnastics, Electro, Thermo and Hydro-Therapy, with associated branches.

Eight months' course. Graduates fully prepared to meet all State Board and Government requirements.

Classes begin September 24, 1919, and February 6, 1920. Catalogue (E) upon request.

JOSEPH W. ANDERSON, M.D.,
Medical Director.

The prudent practitioner, being guided by the dictates of experience, relieves himself from disquieting uncertainty of results by safeguarding himself against imposition when prescribing

ERGOAPIOL (Smith)

The widespread employment of the preparation in the treatment of anomalies of the menstrual function rests on the unqualified indorsement of physicians whose superior knowledge of the relative value of agents of this class stands unimpeached.

By virtue of its impressive analgesic and antispasmodic action on the female reproductive system and its property of promoting functional activity of the uterus and its appendages, Ergoapiol (Smith) is of extraordinary service in the treatment of

AMENORRHEA, DYSMENORRHEA
MENORRHAGIA, METRORRHAGIA
ETC

ERGOAPIOL (Smith) is supplied only in packages containing twenty capsules. DOSE: One to two capsules three or four times a day. » » » Samples and literature sent on request.

MARTIN H. SMITH COMPANY, New York, N. Y., U. S. A.

Like a Soldier

the trained nurse must keep herself physically and mentally "fit".

Physical and nervous strain impair the functional activity of body cells and bring about a depletion of those salts involved in the building of tissue and repair.

Syrup Hypophosphites Comp.

(FELLOWS)

supplies the needed chemical salts together with the dynamic properties of quinine and strychnine.

Syrup Hypophosphites Comp. (Fellows) is a reconstructive tonic, pleasant to take, and efficient in results. Its steadily increasing use by the medical and nursing profession for many years is the best evidence of its worth.

HAVE YOU TRIED IT?

Samples and literature to nurses on request

FELLOWS MEDICAL MFG. CO., Inc.

26 Christopher Street NEW YORK

NEW BOOKS

BACTERIOLOGY FOR NURSES—Elementary bacteriology needed by the student nurse during the beginning of her work. By M. E. Morse, M.D. 133 pages. Illustrated. $1.25.

SURGICAL NURSING—A guide to modern surgical technic. By Frederick C. Warnshuis, M.D. 277 pages. 255 illustrations. $2.75.

THE SCHOOL NURSE—A text-book containing full information on school nursing. By Lina Rogers Struthers, R.N. 292 pages. 24 illustrations. $1.75.

THE TUBERCULOSIS NURSE—A hand-book for practical workers in tuberculosis campaign. By Ellen N. La Motte, R.N. 292 pages. $1.50.

OBSTETRICS FOR NURSES—New fifth edition. By Joseph B. DeLee, M.D. 550 pages. 235 illustrations. $3.00.

The J. F. Hartz Co. Limited

Sickroom Supplies

24-26 Hayter Street **TORONTO**

The
Central Registry
Graduate Nurses

Supply Nurses any hour day or night.

Phone 162

HAMILTON - ONTARIO

PRINTING

Evans & Hastings

High-Class Art, Legal and Commercial Printers

578 Seymour Street

Vancouver, B.C.

We Specialize in Publications and Annual Reports

THE WOMAN'S HOSPITAL
in the State of New York
West 110th Street, New York City

offers to graduate nurses, and to Training Schools desiring an affiliation, a six months' course in Gynecological and Obstetrical Nursing, including sterilizing-room and operating-room technique, Out-Patient and Cystoscopic Clinics. A well-planned series of lectures, given by members of the Attending Staff and the Pathologists, are supplemented by class work with a Resident Instructor. As classes are formed each month, a date for entrance can be arranged to suit the applicant. A diploma is awarded to those passing the required examinations, and the privilege of the registry is extended to the graduates of the School.

An attractive Nurses' Home, with reading and reception rooms, adjoins the Hospital, which is ideally situated on Cathedral Heights.

For a limited time it will be possible to receive nurses for a three months' practical course in the following subjects:

1. Gynecological Nursing with Sterilizing Room and Operating Room technique.
2. Obstetrical Nursing with Delivery Room technique.

A Certificate will be given to nurses passing the required examination at completion of these special courses.

An allowance of ten dollars per month, with maintenance, is made to each nurse.

For further particulars, apply to
MARION E. BEAVER, R. N.,
Directress of Nurses.

The Central Registry of Graduate Nurses

Begs to inform the physicians of Ontario that they are prepared to furnish private and visiting nurses at any hour—day or night.

TELEPHONE MAIN 3680

295 Sherbourne Street, TORONTO

MISS EWING
REGISTRAR
Graduate Sick Children's Hospital
Toronto

To BUILD UP
To BRACE UP
To TONE UP

Supplied in 11-ounce bottles only—never in bulk.

Samples and literature sent upon request.

Prescribe original bottle to avoid substitution.

In ANY form of DEVITALIZATION
prescribe
Pepto-Manqan (Gude)
Especially useful in
ANEMIA of All Varieties:
CHLOROSIS: AMENORRHEA:
BRIGHT'S DISEASE: CHOREA:
TUBERCULOSIS: RICKETS:
RHEUMATISM: MALARIA:
MALNUTRITION: CONVALESCENCE:
As a GENERAL SYSTEMIC TONIC
After LA GRIPPE, TYPHOID, Etc.
DOSE: One tablespoonful after each meal.
Children in proportion.
M. J. BREITENBACH COMPANY
New York, U. S. A.

Our Bacteriological Wall Chart or our Differential Diagnosis Chart will be sent to any Physician upon request.
LEEMING-MILES CO., LTD., Montreal, Canadian Agents.

MALTINE
With CASCARA SAGRADA

For Constipation and Hemorrhoids

CASCARA SAGRADA is acknowledged to be the best and most effective laxative know, producing painless and satisfactory movements. Combined with the nutritive, tonic and digestive properties of Maltine, it forms a preparation far excelling the various pills and potions which possess only purgative elements. The latter more or less violently FORCE the action of the bowels, and distressing reaction almost invariably follows, while Maltine with Cascara Sagrada ASSISTS NATURE, and instead of leaving the organs in an exhausted condition, so strengthens and invigorates them that their normal action is soon permanently restored.

FOR SALE BY ALL DRUGGISTS

The MALTINE COMPANY
88 Wellington Street West, TORONTO

NURSES' CHARTS

"Dalrymple"

"Reg. U. S. Pat. Off."

MEDICAL AND FEVER CHART COMBINED, IN BOOK OF FIFTY PERFORATED PAGES, FIFTY-FIVE CENTS (POSTPAID), FROM E. P. McNAMEE, SOLE DISTRIBUTOR, 123 LIBERTY STREET, NEW YORK CITY.

The Graduate Nurses' Residence and Registry

PHONE SHERBROOKE 620
DAY OR NIGHT

753 Wolseley Ave., WINNIPEG